

Name in Full		Frederick P Alexander				CERTIFICATE OF DEATH	
		Town New Middletown		County Frederick		MARYLAND	
Died at		Date of death		Age		Months Days	
		1907 March 28		3		7 1	
Sex		Color or Race		Birth-place			
Male		White		Frederick Co			
Occupation		Where Residing if not at place of death					
none							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Lawson P Alexander		Frederick Co					
Mother's Maiden Name		Mother's Birthplace					
Sadie L Haupt		Frederick Co					
Name of person giving information		How related to deceased					
Lawson P Alexander		Nephew					
CAUSES OF DEATH							
Primary		How long					
Meningitis		3 days					
Immediate		How long					
exhaustion							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		E. H. Bookley					
		Address					
		Middletown					
		Ind					
Accident or Suicide?							

Recorded
 TO BE ANSWERED BY
 NEAREST FRIEND

PHYSICIAN
 OR CORONER



Name
in
Full

Joseph W. Arnold.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

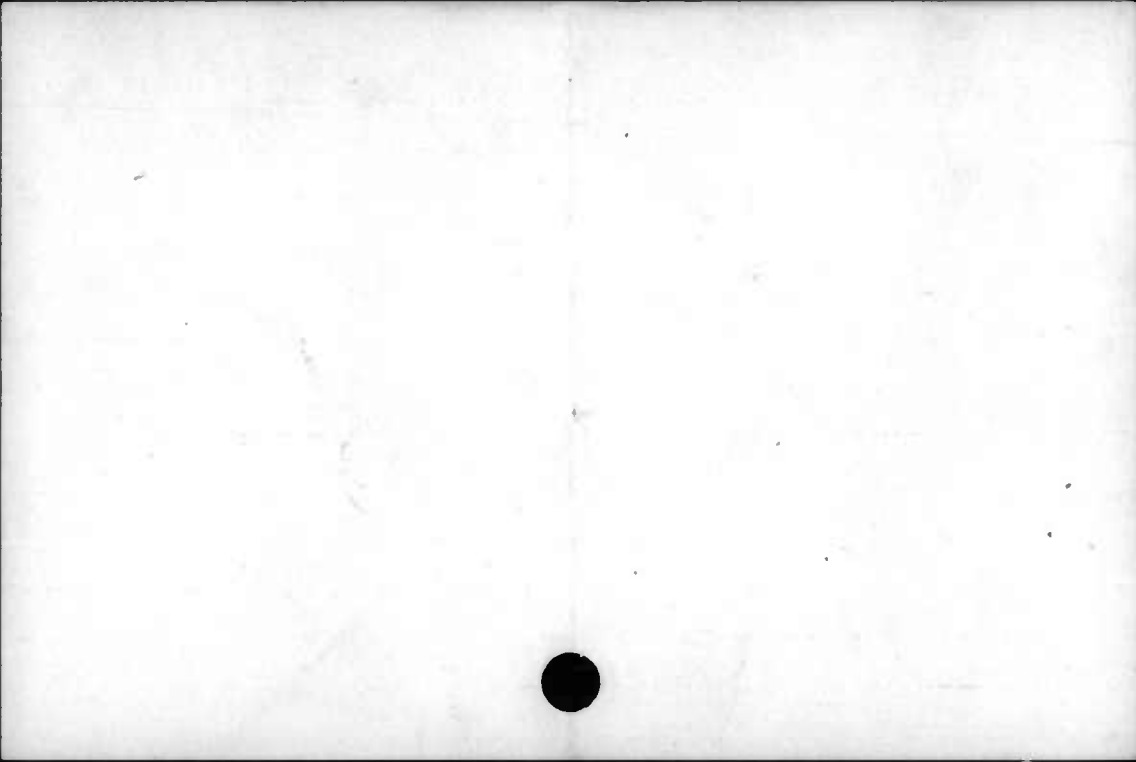
Died at		Rocky hill		Frederick		MARYLAND	
Date of death	1907	Month	Mar.	Day	6	Age	18
						Months	3
						Years	22
Sex	male		Color or Race	white		Birth-place	Rocky hill-Md.
Occupation	Home School boy			Where Residing if not at place of death		at place of death-	
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Thomas J. Arnold				Father's Birthplace	Maryland	
Mother's Maiden Name	Margaret R. Fogle				Mother's Birthplace	Maryland	
Name of person giving information	Father				How related to deceased	Father	

CAUSES OF DEATH

(10)

PHYSICIAN
OR CORONER

Primary	La-Grippe	How long	6 weeks
Immediate	Non contagious Cerebrospinal Meningitis	How long	6 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. L. Hammond.
		Address	Wheatboro Md
Accident or Suicide?	No.		



Name
in
Full

Henry Baker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

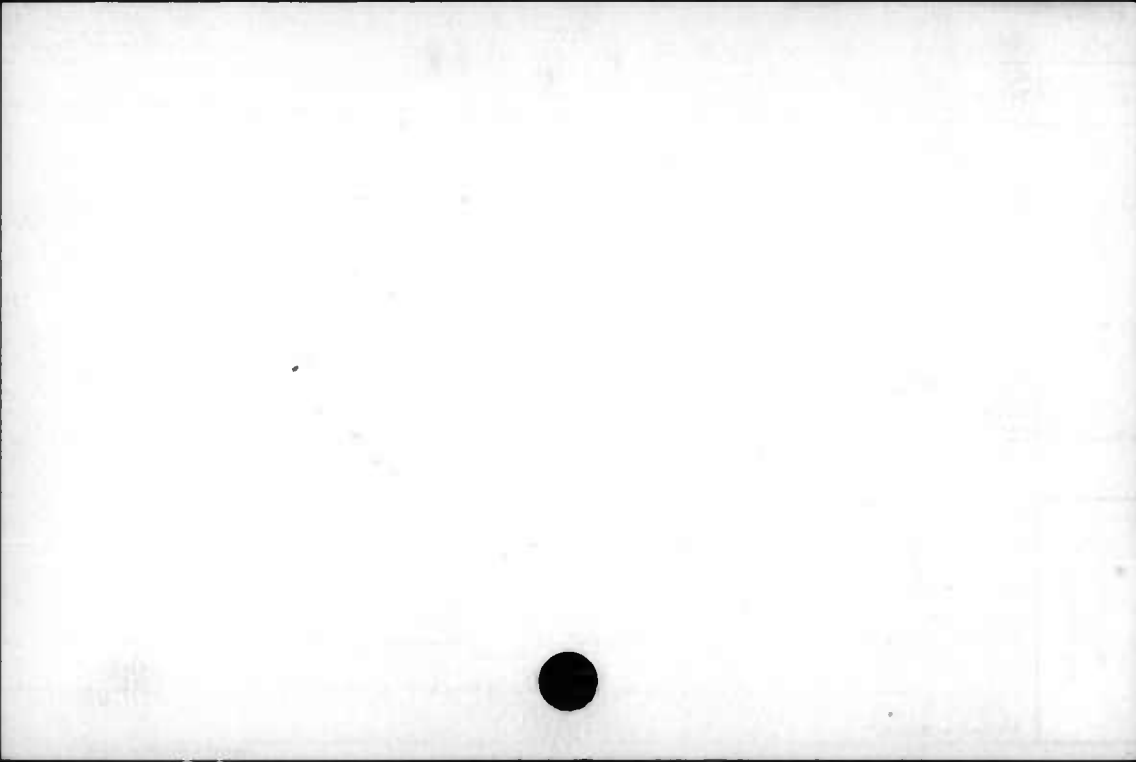
Died at <u>Frederick</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death	1907	Month	3	Day	9
Age	73	Years	9	Months	6
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife	Lydia M. Baker (Stule)		
Father's Name	John Baker		Father's Birthplace		
Mother's Maiden Name	Sarah Muscutt		Mother's Birthplace		
Name of person giving information	Lydia M Baker		How related to deceased		

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary	Pulmonary Asthma	How long	9 months
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. A. Long	
		Address	
		Cilji	
Accident or Suicide?			



Name
in
Full

Roy Thomas Beach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Brunswick Town Frederick County

Date of death 1907 March 29 Month Day Age 0 Years 7 Months 21 Days

Sex Male Color or Race White Birth-place Brunswick

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's Name Edward Thomas BeachFather's Birthplace Frederick Co.Mother's Maiden Name Nellie MilesMother's Birthplace Montgomery Co.Name of person giving
Information E. J. BeachHow related
to deceased Father

CAUSES OF DEATH

Primary MeningitisHow long 3 weeksImmediate General Asthenia & Coma

How long _____

Are the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

J. W. R. Crane
Brunswick
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

Barnesville
Montgomery Co

Name
In
Full

Ambrose Beamer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monte Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Mar</i>	Day <i>29</i>	Age <i>85</i>	Years	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>unknown</i>				
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>				Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>Hospital records</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Heart Debility</i>	How long	<i>Years -</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. S. Lysons</i>	
		Address <i>Frederick Md.</i>	
Accident or Suicide?			



Name
in
Full

Lucile B. Beard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i>		Town <i>Brunswick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Mar</i>	Day <i>24</i>	Age	Years	Months <i>6</i>	Days <i>19</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Arthur Beverly Beard</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Lucile Ingram</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Lucile Ingram</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Congestion of Brain</i>		How long <i>24 hours</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. W. Hart</i>	
		Address <i>Brunswick Frederick Co</i>	
Accident or Suicide?			



Name
in
Full

Rhoda Estelle Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Jefferson ^{County} Fredk

Date of death 1907 ^{Month} 3 ^{Day} 8 Age ^{Years} 26 ^{Months} 5 ^{Days} 6

Sex Female Color or Race White Birthplace Spoutville

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed ~~Single~~ Name of Wife or Husband Florence R. Bond

Father's Name George S. Stockman Father's Birthplace

Mother's Maiden Name Alice T. Hargett Mother's Birthplace

Name of person giving information George S. Stockman How related to deceased Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis

How long

Immediate Tuberculosis

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

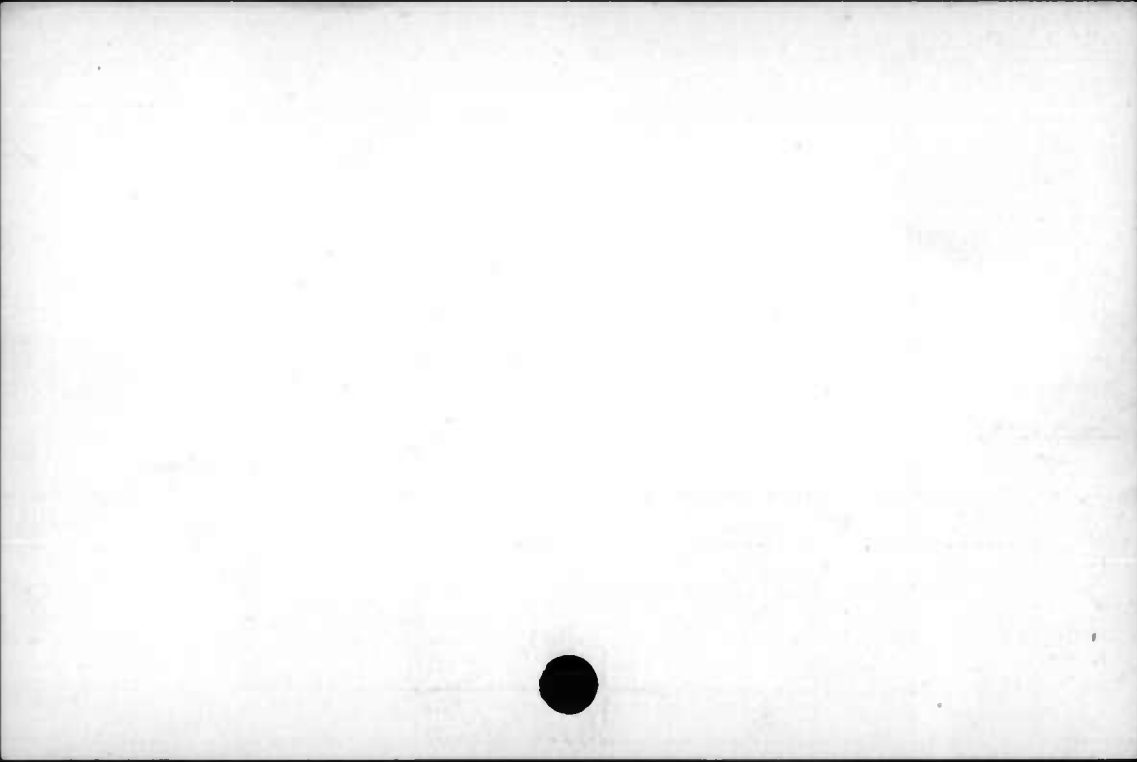
Signature of Physician

G. H. Bouley

Address

Adamstown Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Charles Broadway
 Died at *Charlesville* Town *Fredrick* County
 Date of death *1907* Month *Mar* Day *19* Age *85* Years Months *1* Days *26*

MARYLAND

Sex *Male* Color or Race *White* Birth place *Md*

Occupation *Miller* Where Residing if not at place of death *Same*

Married, Single or Widowed *Married* Name of Wife or Husband *Mollie Easterday*

Father's Name *George Broadway* Father's Birthplace *England*

Mother's Maiden Name *Margaret Bushart* Mother's Birthplace *Md*

Name of person giving information *Mrs Broadway* How related to deceased *Widow*

CAUSES OF DEATH

179

Primary How long

Immediate *General Debility* How long *Four days*

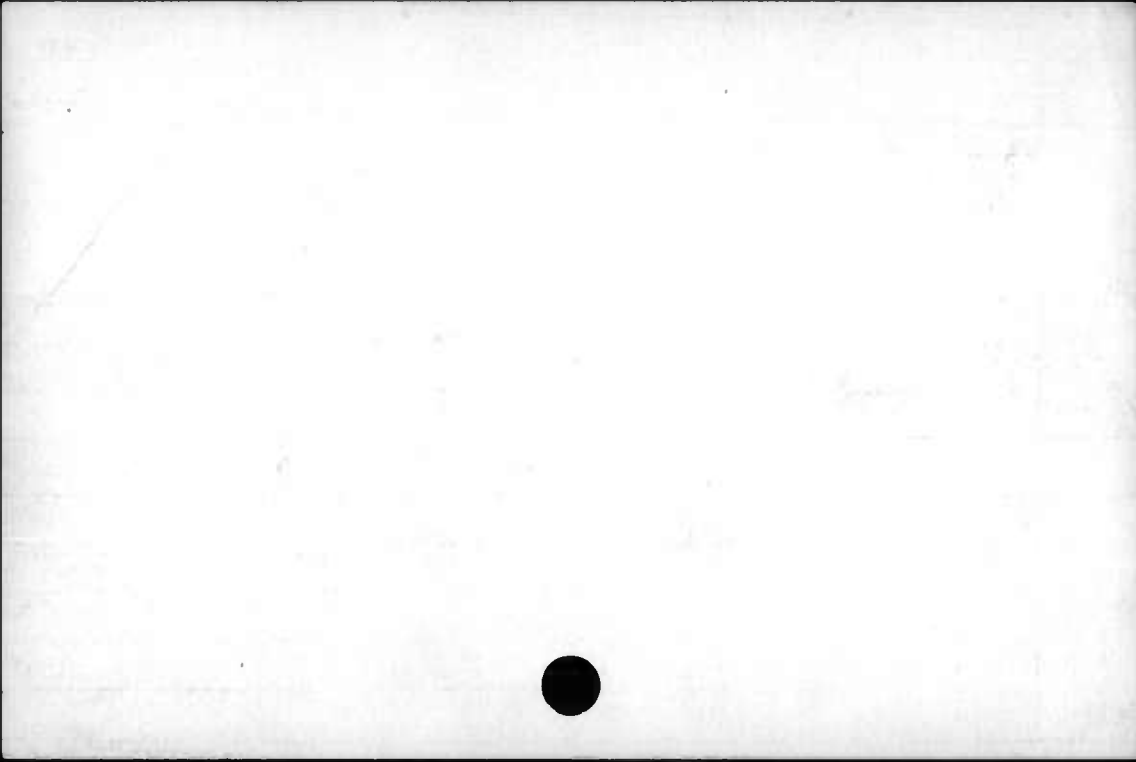
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. S. Mighburn*

Address *L. Martin*

Accident or Suicide? *No*

Recorded
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Carson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

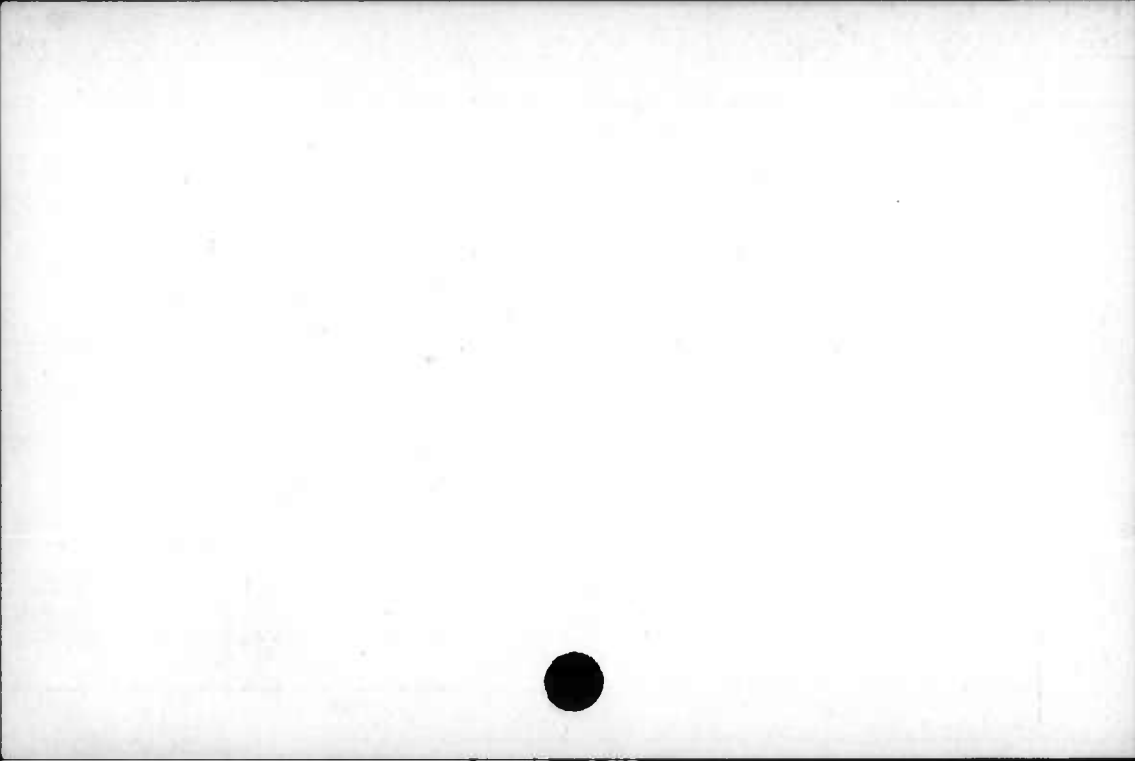
Died at		Town Dams Creek		County Frederick		MARYLAND	
Date of death		1907	Month March	Day 17	Age 83	Months 3	Days 7
Sex Female		Color or Race W		Birth-place Md			
Occupation Housewife		Where Residing if not at place of death Dams Creek					
Married, Yes Widow		Name of Wife or Husband George Carson					
Father's Name Joseph Fenty		Father's Birthplace Md					
Mother's Maiden Name Unknown		Mother's Birthplace Md					
Name of person giving information Elvath Engler		How related to deceased No					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Infermy of old age sick about	How long 3 hours
Immediate	No doctor in attendance	How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H Bankard Undertaker
		Address New Windsor
Accident or Suicide?		Md



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

Henry Leider

CERTIFICATE OF DEATH

Died at <i>Frederick City Hospital</i>		Town <i>Frederick Co</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>18</i>	Age <i>About 70</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Unknown</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Lantz Md</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information			How related to deceased				

CAUSES OF DEATH

Primary <i>Old Age</i>	How long <i>several years</i>
Immediate <i>Heart Failure</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>T B Johnson</i>
	Address <i>F. Redk. Ind.</i>
Accident or Suicide?	

179

Exclusion
Society



Name
in
Full

Hosio May O'Krange Cronin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Indinick* TownCounty *Indinick*

Date

of death *1907*Month *3*Day *17*

Age

Years *21*Months *1*Days *19*

Sex

*Female*Color or
Race*White*Birth-
place*Indinick Md*

Occupation

*Dressmaker*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
Husband*—*Father's
Name*Lewis Cronin*Father's
Birthplace*Indinick Md*Mother's
Maiden Name*Mary E Taylor*Mother's
Birthplace*Montgomery Co Md*Name of person giving
Information*Lewis Cronin*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

6 mos.

Immediate

Cardiac Paralysis

How long

*24 hours*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Frank H. Hedges
Frederick,
Md.*

Accident or Suicide?

PHYSICIAN
OR CORONER

Mr. C. C. Emery—

Mar 20 1907

C. C. Emery—
—

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		7 Mar.	29th	52			
Sex		Color or Race		Birth-place			
Female		White		Md			
Occupation		Where Residing if not at place of death					
H. W.							
Married, Single or Widowed		Name of Wife or Husband					
Married		Lewis E. Brown					
Father's Name		Father's Birthplace					
H B Taylor		England					
Mother's Maiden Name		Mother's Birthplace					
Aunie E Anderson		Frederick's Md					
Name of person giving information		How related deceased					
Lewis E Brown		Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diabetic Melitis</i>	How long	<i>9 mcs.</i>
Immediate	<i>Acute Bronchitis</i>	How long	<i>20 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Frank H. Hedges	
		Address	
		Frederick	
Accident or Suicide?			

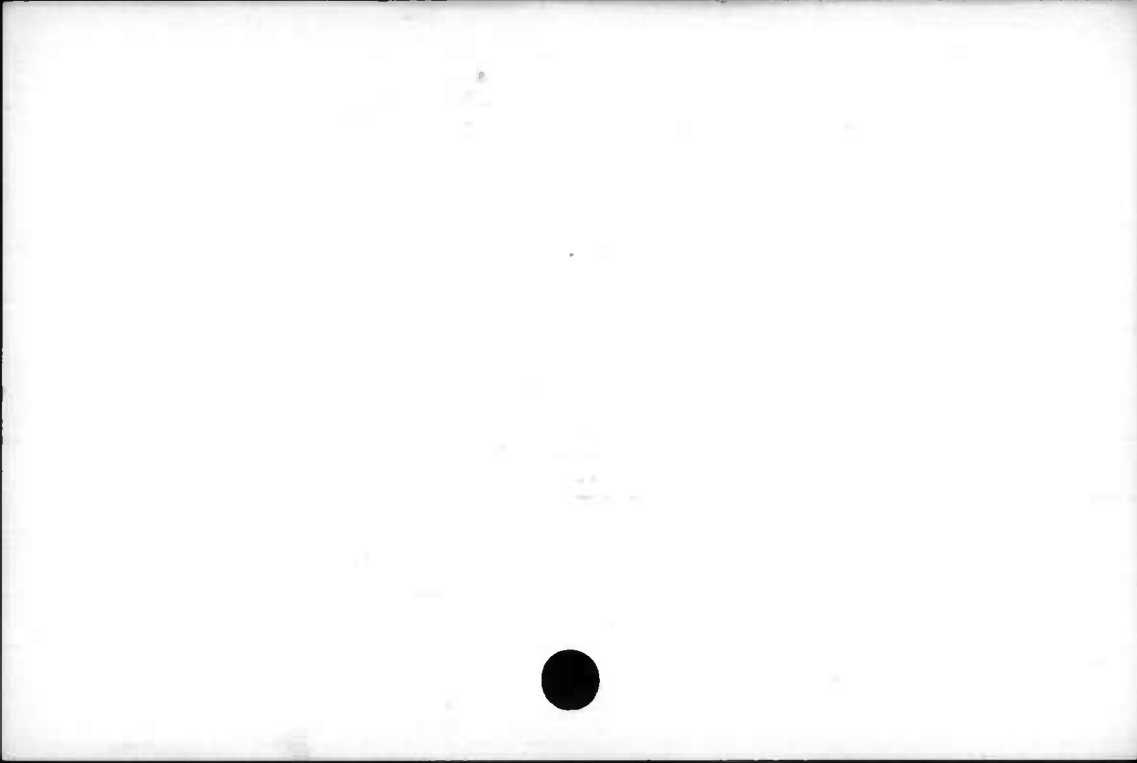
C. C. Carty

3/31/87.

Mt. Olivet.

Name in Full John A De Lashmuth		CERTIFICATE OF DEATH	
Died at Buckeytown ^{Town}		County York	
Date of death 190 7 ^{Month} Mar ^{Day} 16		Years 61 ^{Months} ^{Days} 	
Sex male		Color or Race white	Birth-place md.
Married, Single or Widowed married		Occupation merchant	
Name of Wife or Husband Fannie A De Lashmuth			
Father's Name Elias A De Lashmuth		Father's Birthplace md.	
Mother's Maiden Name unknown		Mother's Birthplace unknown	
Name of person giving information		How related to deceased	

CAUSES OF DEATH		79 How long
Primary Aortic Insufficiency		
Immediate		How long sud slowly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician T Clyde Roulsen
		Address Buckeytown
Accident or Suicide? —		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob E Dinterman

Died at Pease TownCounty Frederick

MARYLAND

Date

of death 1907Month 3Day 14

Age

Years 74

Months

Days

Sex

MaleColor or
RaceWhiteBirth-
placeMD

Occupation

FarmerWhere Residing if not
at place of deathXMarried, Widow
or WidowedName of Wife
HusbandSusan DintermanFather's
NameX UnknownFather's
BirthplaceX IndMother's
Maiden NameX UnknownMother's
BirthplaceX IndName of person giving
In formationSusan DintermanHow related
to deceasedWife

CAUSES OF DEATH

(154)

Primary

Senile debility

How long

24 hrs

Immediate

Exhaustion

How long

5 daysAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

W. A. JonesCity,Accident or Suicide?

McKain

Name
in
Full

Lewis Philip Dixon

CERTIFICATE OF DEATH

Died at Town Frederick		County Frederick		MARYLAND	
Date of death	1907	Month March	Day 24	Age Years 53	Months 5 Days 23
Sex Male	Color or Race white		Birth- place Md		
Occupation Laborer			Where Residing if not at place of death Same		
Married, Single or Widowed Married		Name of Wife or Husband Minnie Perry			
Father's Name William Dixon			Father's Birthplace Virginia		
Mother's Maiden Name Elizabeth Fuller			Mother's Birthplace Virginia		
Name of person giving Information Mrs. Dixon			How related to deceased Widow		

CAUSES OF DEATH

119

PHYSICIAN OR CORONER	Primary	Acute Nephritis	How long	10 days	
	Immediate	Uremia	How long	8 days	
	Are the name, age, sex, color, date and place correctly given above?		yes		
	Signature of Physician		Wm. C. [Signature]		
	Address		Frederick Md		
Accident or Suicide?					no

Interment at Mt Olivet

" Near 26 - 07

Thomas P. Rice

Name
in
Full

Henry L Davis Fields

CERTIFICATE OF DEATH

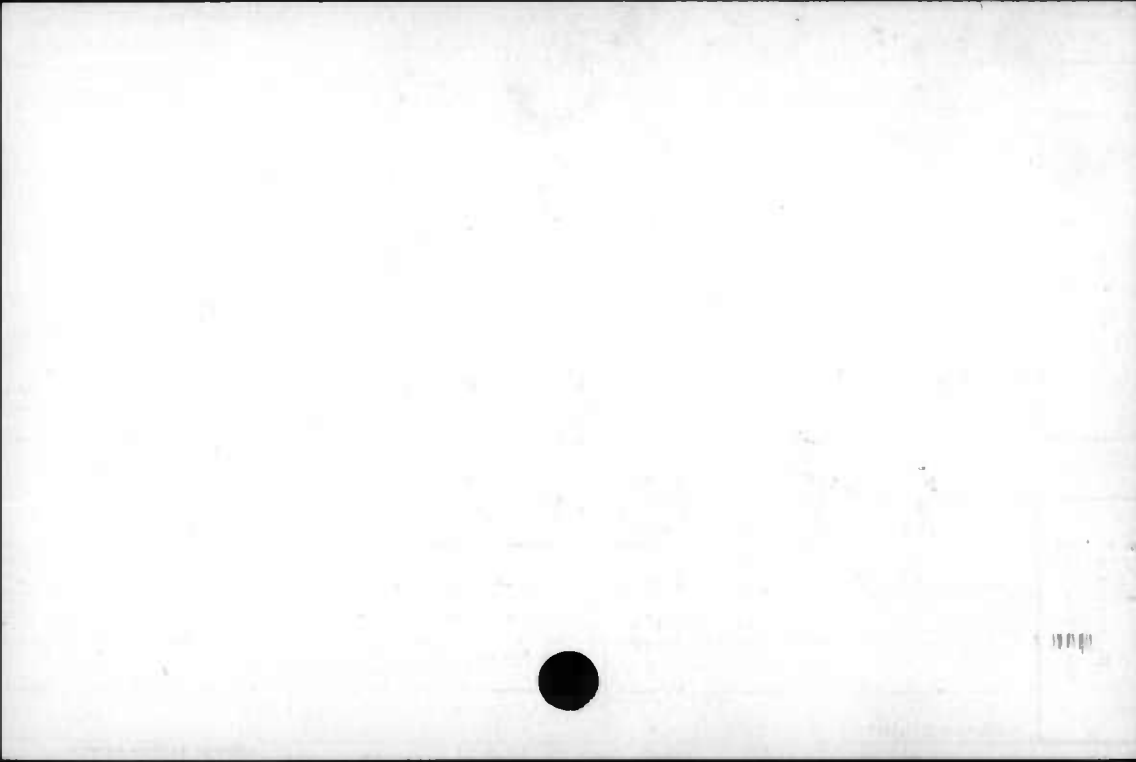
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>3</i>		Day <i>8</i>		Age <i>8</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>		Months <i></i>	
Occupation <i>S. Boy</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Rev. J. H. Fields</i>		Father's Birthplace <i>N. Indies</i>					
Mother's Maiden Name <i>A. Davis</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Caroline Davis</i>		How related to deceased <i>S. Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>8 weeks</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm Long</i>
	Address <i>Apity</i>
Accident or Suicide? <i></i>	



Name
in
Full

Maria Fisher

CERTIFICATE OF DEATH

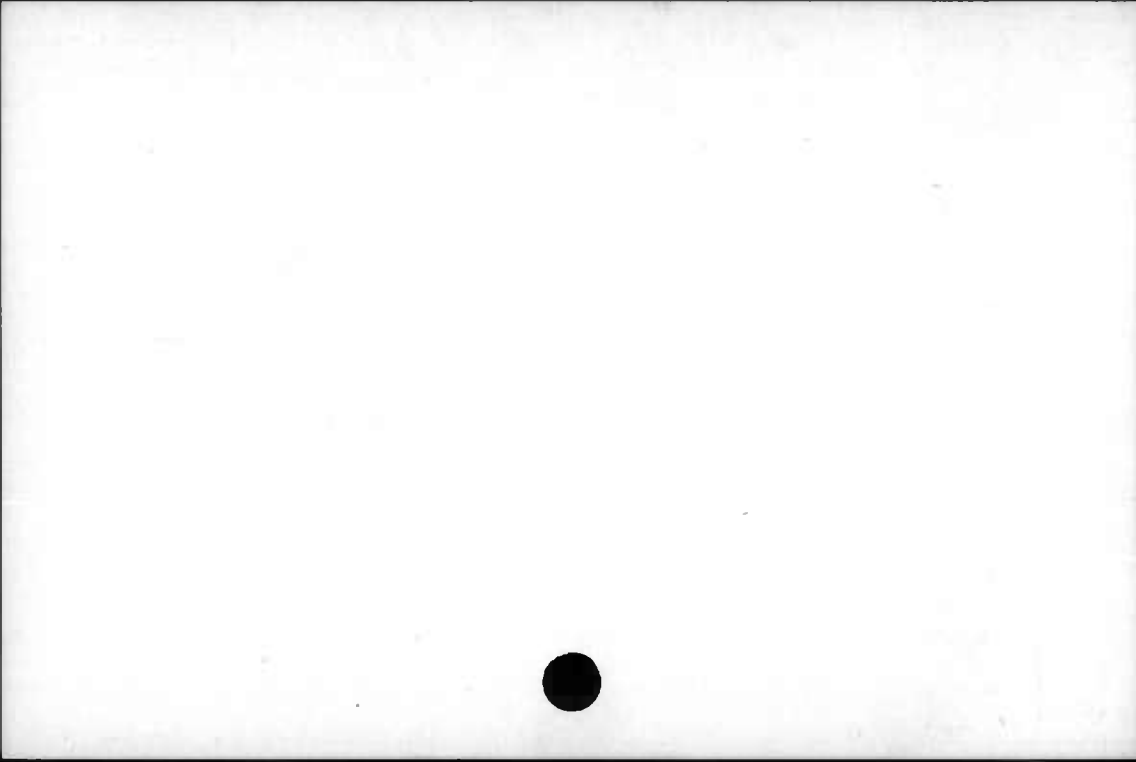
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredrick</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>3</i>	Day <i>8</i>	Age <i>77</i>	Months <i>3</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Fredrick Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Hugh Fisher</i>			
Father's Name <i>George Miller</i>		Father's Birthplace <i>Fredrick Co Md</i>			
Mother's Maiden Name <i>Louisa Luyman</i>		Mother's Birthplace <i>Near Annapolis</i>			
Name of person giving information <i>James Fisher</i>		How related deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>79</i> <i>Years</i>
Immediate <i>Acute Indigestion - Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Hendrix, M.D.</i>
	Address <i>Fredrick, Md.</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Isabella. Fuss.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thurmont</i> Town		<i>Frederick</i> County		MARYLAND	
Date of death	1907	Month	10	Day	23
Age	62	Years		Months	3
Sex	Female	Color or Race	White	Birth-place	Pa
Occupation	House Wife		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband <i>John. Fuss.</i>		
Father's Name	<i>John. Fuzer.</i>		Father's Birthplace <i>Pa</i>		
Mother's Maiden Name	<i>Ella. Rueder.</i>		Mother's Birthplace <i>"</i>		
Name of person giving information	<i>John. Fuss.</i>		How related to deceased <i>Husband,</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

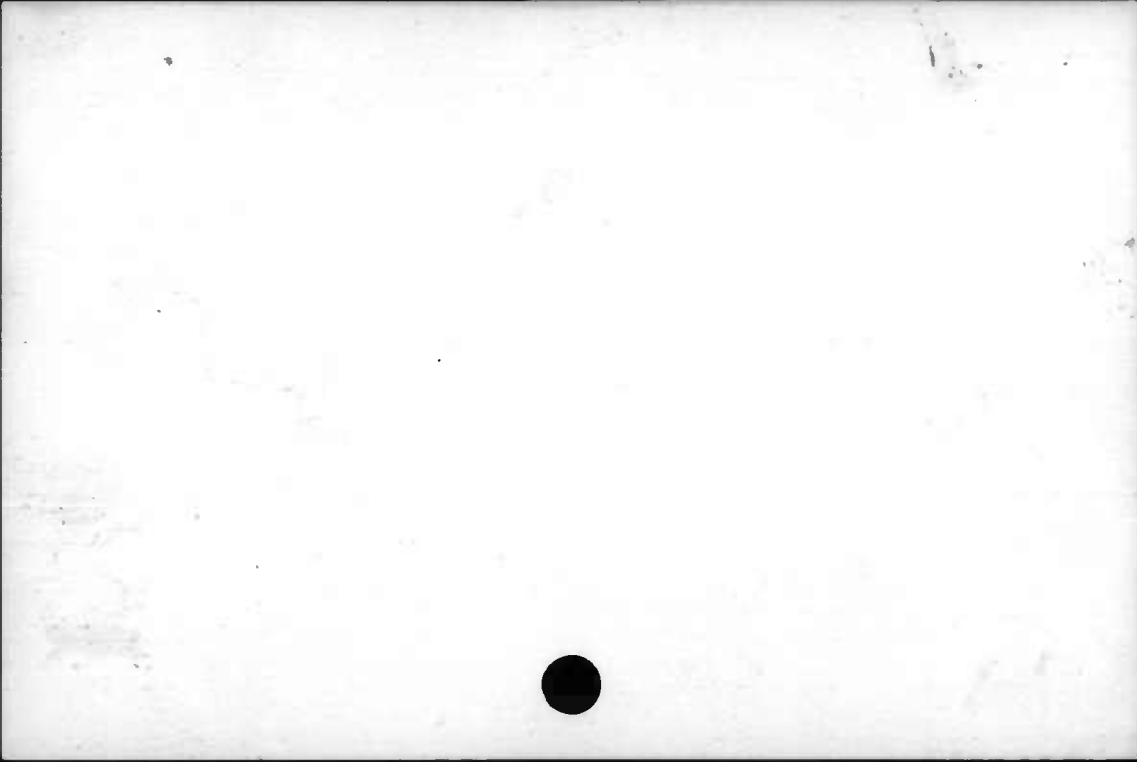
Primary	<i>La Grippe & Gastritis</i>	How long	<i>2 weeks</i>
Immediate	<i>Paralysis</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Morris A. Budy</i>	
		Address <i>Thurmont</i>	
Accident or Suicide? <i>—</i>		<i>Ma</i>	



Name in Full Joseph F. Gelwicks		County Frederick		CERTIFICATE OF DEATH	
Died at Emmitsburg		State MARYLAND			
Date of death 1907	Month March	Day 23	Years 64	Months —	Days 6
Sex Male	Color or Race White	Birth-place MD			
Occupation Merchant	Where Residing if not at place of death Emmitsburg, MD				
Married, Single or Widowed Widowed	Name of Wife or Husband Margaret J. Gelwicks				
Father's Name Jacob S. Gelwicks	Father's Birthplace MD				
Mother's Maiden Name Mary E. Rosensteel	Mother's Birthplace "				
Name of person giving information Isaac J. Gelwicks	How related to deceased Son				
CAUSES OF DEATH					
Primary Chronic Parenchymatous hepatitis		How long 1 year			
Immediate & exhaustion		How long —			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. W. S. Jones			
		Address Emmitsburg, Md.			
Accident or Suicide?					

Recorded in M
 TO BE ANSWERED BY
 NEAREST FRIEND

120



Name
in
Full

CERTIFICATE OF DEATH

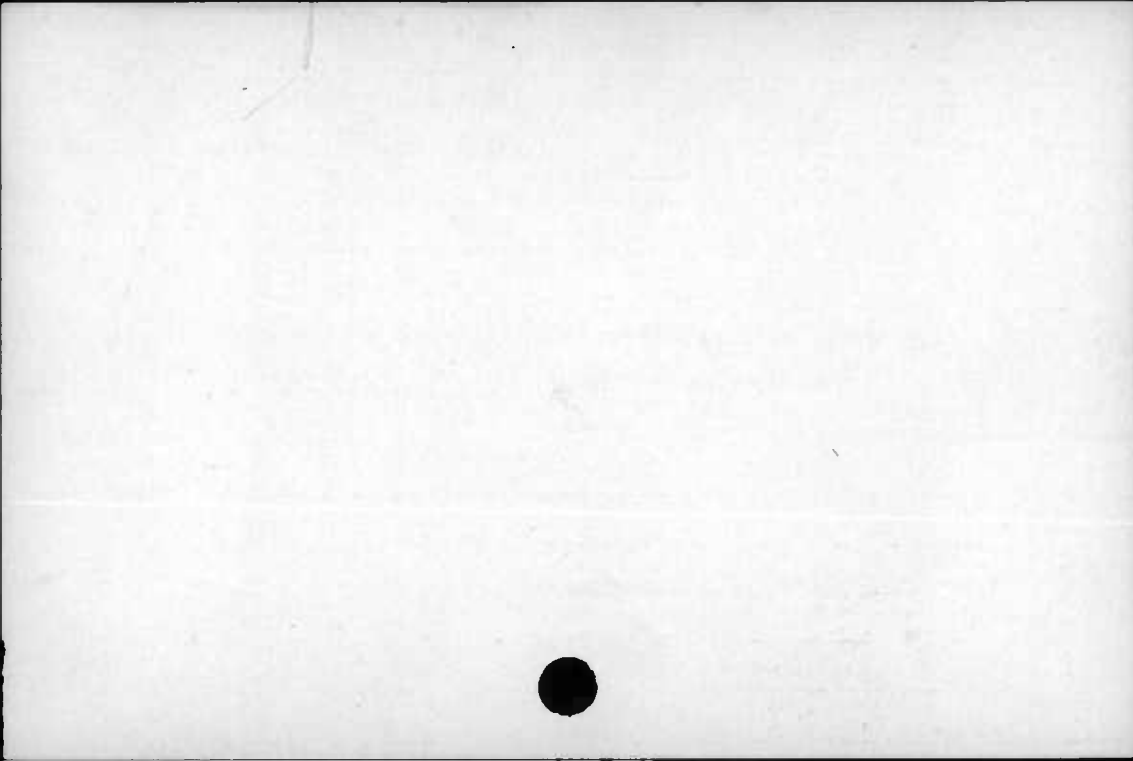
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Mar	28	Age	40		
Sex	Male	Color or Race	Black		Birth-place	Unknown	
Occupation	Insane Insaniti			Where Residing if not at place of death			
Married, Single or Widowed	Unknown		Name of Wife or Husband		Unknown		
Father's Name	Unknown				Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown	
Name of person giving information	Hospital Keen				How related to deceased	(79)	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic myocarditis	How long	2 years
Immediate	Cardiac dilatation	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		R. H. Lyman Frederick, Md	



Name
in
Full

Harman Gray

CERTIFICATE OF DEATH

Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		1907	Month Mar.	Day 28	Age 62	Years 11	Months 13
Sex Male		Color or Race white		Birth-place Va			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Mary Gray					
Father's Name Abraham Gray		Father's Birthplace Virginia					
Mother's Maiden Name Frances Clipp		Mother's Birthplace Virginia					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

10

PHYSICIAN OR CORONER	Primary	La Grippe	How long	5-6 weeks
	Immediate	Exhaustion	How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. S. Judge	
	Address Brunswick Md			
Accident or Suicide?				



Name
in
Full

Shaggie D Harry

CERTIFICATE OF DEATH

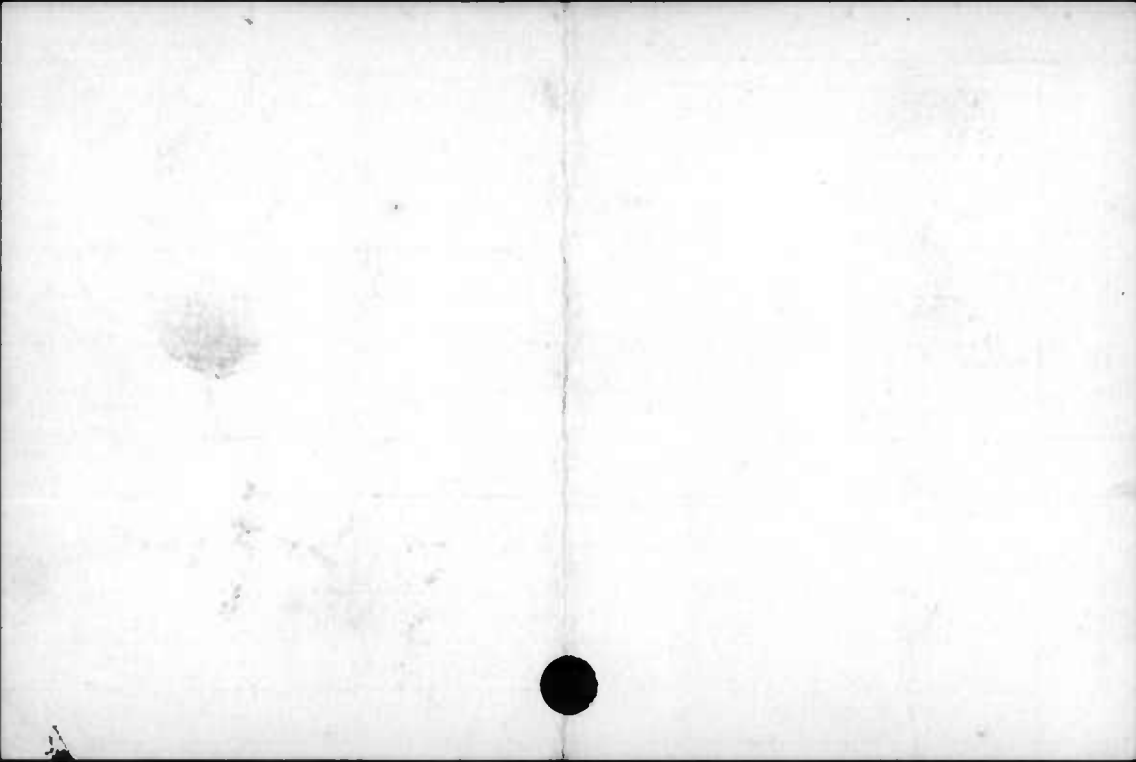
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ontario</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death	<i>1907</i> Month	<i>March</i> Day	<i>26</i> Age	<i>16</i> Years	Months Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Fredrick County</i>
Occupation	<i>Invalid</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>William J Harry</i>			Father's Birthplace	<i>Carroll County</i>
Mother's Maiden Name	<i>Shary Bogan</i>			Mother's Birthplace	<i>Tennessee</i>
Name of person giving information	<i>William J Harry</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age</i>	<i>(179)</i>	How long
Immediate	<i>General Debility</i>		How long <i>4 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>L. J. Lewis undertaker</i>
		Address	<i>Ontario and</i>
Accident or Suicide?			



Name
in
Full

Catherine Hartman.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near Feagville Town		Frederick County		MARYLAND	
Date of death 1907	Month 3	Day 17	Age 58	Months —	Days —
Sex Female	Color or Race White	Birth-place 3 Co Md			
Occupation House Wife	Where Residing if not at place of death Cumberland Md				
Married, Single or Widowed Married	Name of Wife or Husband Harmon Hartman				
Father's Name Jacob Morgenrath	Father's Birthplace Germany				
Mother's Maiden Name Margaret Elze	Mother's Birthplace "				
Name of person giving information Mr Hartman	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Angina Pectoris	(80)	How long 1 hour.
Immediate Angina Pectoris.		How long half hour.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. F. Lehendamer M.D.	
	Address 293 S. Market St	
Accident or Suicide? —	Frederick Md.	

Mr Miller -
Interment Mar - 20 -
" at St John's.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1907	Month <i>3</i>	Day <i>14</i>	Age <i>2</i>	Years <i>2</i>	Months <i>2</i>	Days <i>1</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth- place	<i>MD</i>
Occupation	<i>+</i>			Where Residing if not at place of death <i>+</i>			
Married, Single or Widowed	<i>+</i>		Name of Wife or Husband <i>+</i>				
Father's Name	<i>John H. Henderson</i>					Father's Birthplace	<i>MD</i>
Mother's Maiden Name	<i>Mamie Munder</i>					Mother's Birthplace	<i>MD</i>
Name of person giving In formation	<i>11 11 11 11</i>					How related to deceased	<i>Nothing</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stillbirth</i>		How long	<i>X</i>
Immediate	<i>yes</i>		How long	<i>X</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>M. L. Loney</i>	
		Address	<i>1111</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Elena Helen Almon
Town County

Died at *Baltimore* Maryland
Date of death *1907* Month *May* Day *28* Age *76* Years Months *3* Days *18*

Sex *Female* Color or Race *White* Birthplace *MD*

Occupation *Housewife* Where Residing if not at place of death *At place of death*

Married, Single or Widowed *Widowed* Name of Wife or Husband *John Payne*

Father's Name *John Payne* Father's Birthplace *unknown*

Mother's Maiden Name *Matilda Bantz* Mother's Birthplace *MD*

Name of person giving information *Mrs. Thompson* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Tuberculosis* *(27)* How long *years*
Immediate *Exhaustion* How long *_____*

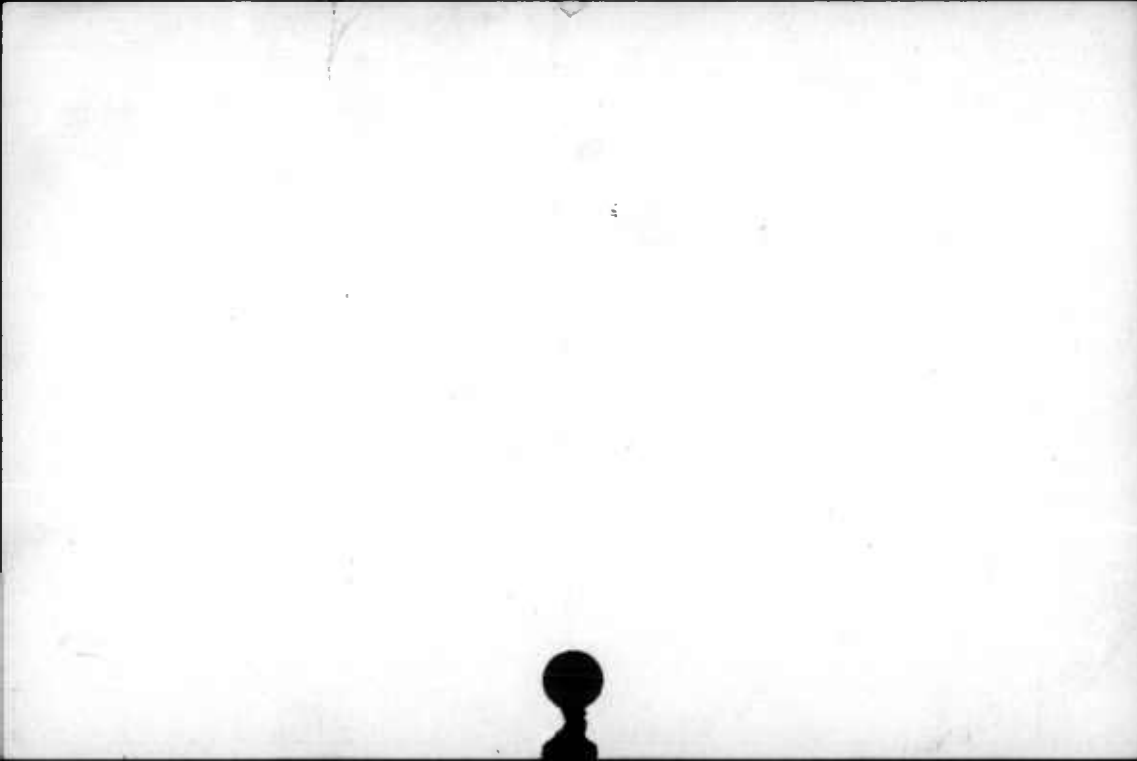
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Earl Fowler*

Address *Baltimore*
Accident or Suicide? *No*

NEAREST FRIEND

PHYSICIAN OR CORONER

Answers to be answered by



Name
In
Full

Charg C Hilton

CERTIFICATE OF DEATH

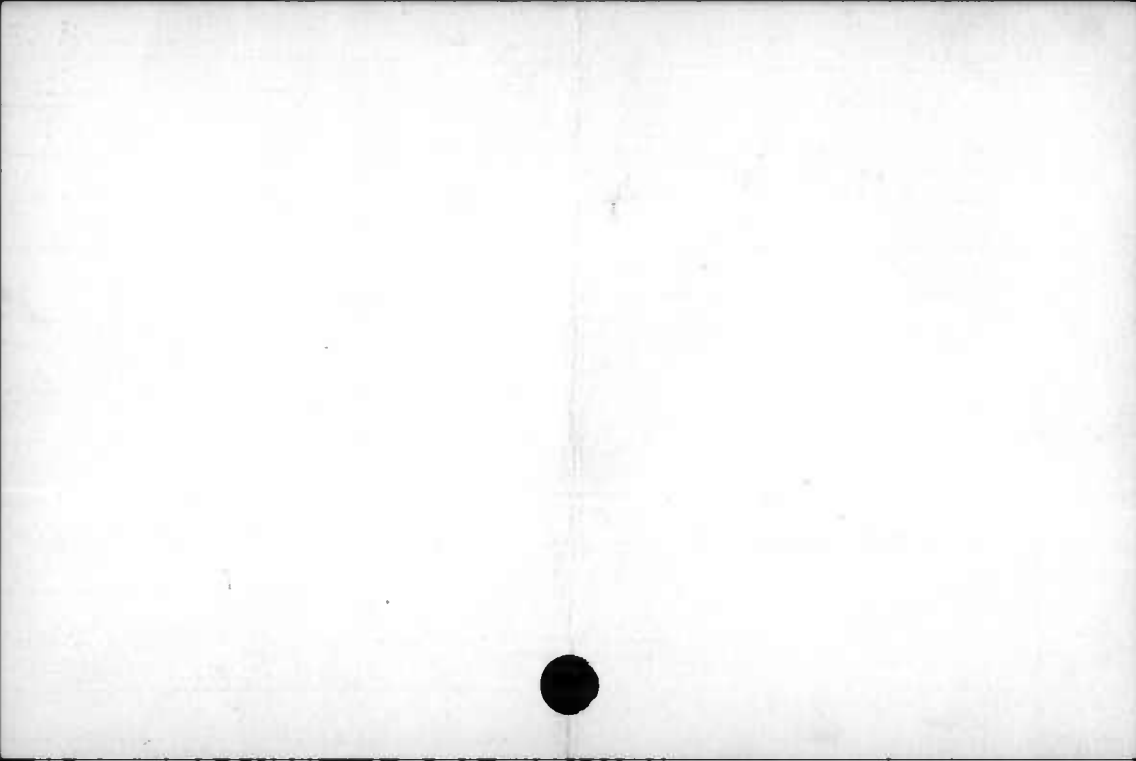
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ontario</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>4</i>	Age <i>51</i> Years	<i>9</i> Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Montgomery County</i>		
Occupation <i>House Wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Abel Land Hilton</i>				
Father's Name <i>Abathias Ablesworth</i>	Father's Birthplace <i>Howard County</i>				
Mother's Maiden Name <i>Charg E Ryan</i>	Mother's Birthplace <i>Fredrick County</i>				
Name of person giving information <i>Abel Land Hilton</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>apoplexy</i>	How long	<i>Sudden</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. J. Lewis</i>	
		Address <i>Ontario Md</i>	
Accident or Suicide?		<i>Under Taken</i>	



Name in Full		Sopha Hitesher Hobbs				CERTIFICATE OF DEATH		
		Town		County		MARYLAND		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Pearl		Frederick			
	Date of death	1907	Month	March	Day	16	Age	
					Years	65	Months	
						3	Days	
						X		
	Sex	Female		Color or Race	white		Birth-place	MD
	Occupation	None		Where Residing if not at place of death				
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	widowed		Name of Husband	Chas Hobbs (dead)			
	Father's Name	Philip Hitesher				Father's Birthplace	CO	
	Mother's Maiden Name	Louisa Waters				Mother's Birthplace	CO	
	Name of person giving information	Mrs Wm Miller				How related to deceased	Daughter	
	<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">79</div>							
PHYSICIAN OR CORONER	Primary	Mitral Insufficiency				How long	years	
	Immediate	Gangrene & Ulcers limbs following anasarca and ulceration				How long	one month	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Wm Crawford Hanson		
					Address	Frederick MD		
	Accident or Suicide?		Neither		✓			

Mr. Alout
Schneider 17

Name
in
Full

Ruth Hood

CERTIFICATE OF DEATH

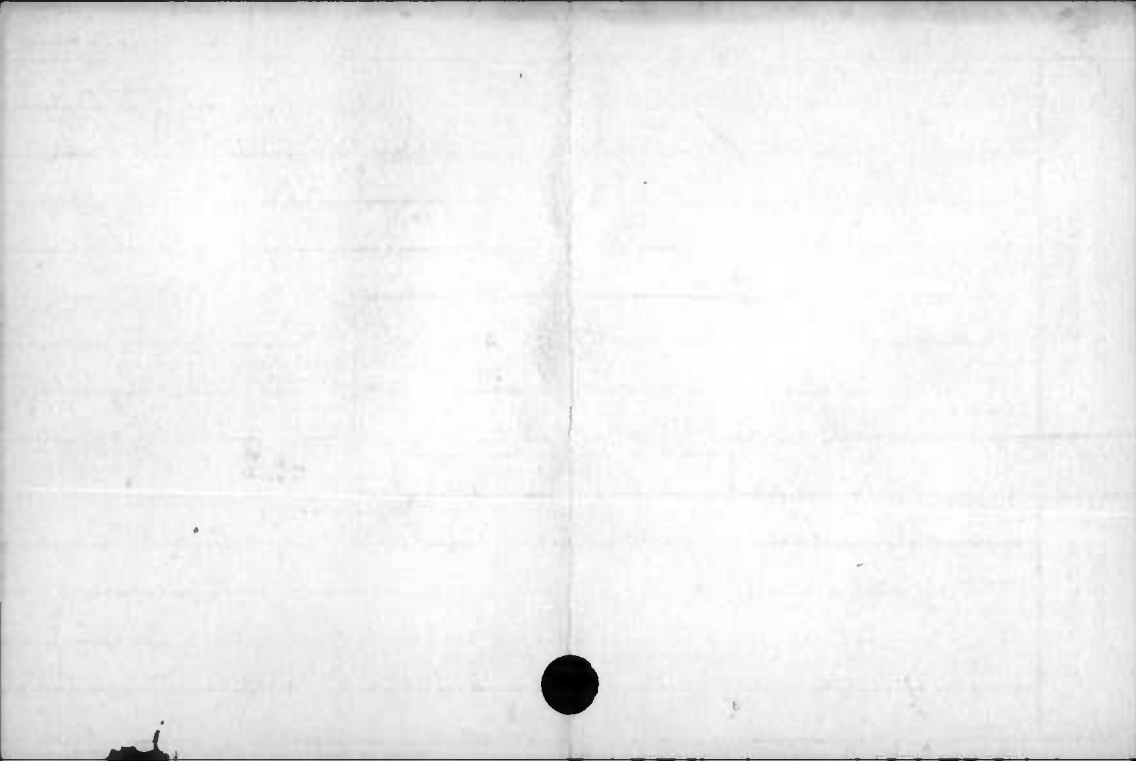
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Woodville</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>8th</i>	Age <i>21</i> ^{Years}	Months <i>3</i> Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Woodville</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Charles W Hood</i>			Father's Birthplace <i>Near Woodville</i>		
Mother's Maiden Name <i>Anna Watkins</i>			Mother's Birthplace <i>Montgomery County</i>		
Name of person giving information			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hooping Cough</i>	<i>(8)</i>	How long	<i>5 Days</i>
Immediate				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. J. Lewis</i>		
		Address <i>Frederick, Md.</i>		
Accident or Suicide?		<i>Montgomery, Md.</i>		



Name
in
Full

George G. Johnson

CERTIFICATE OF DEATH

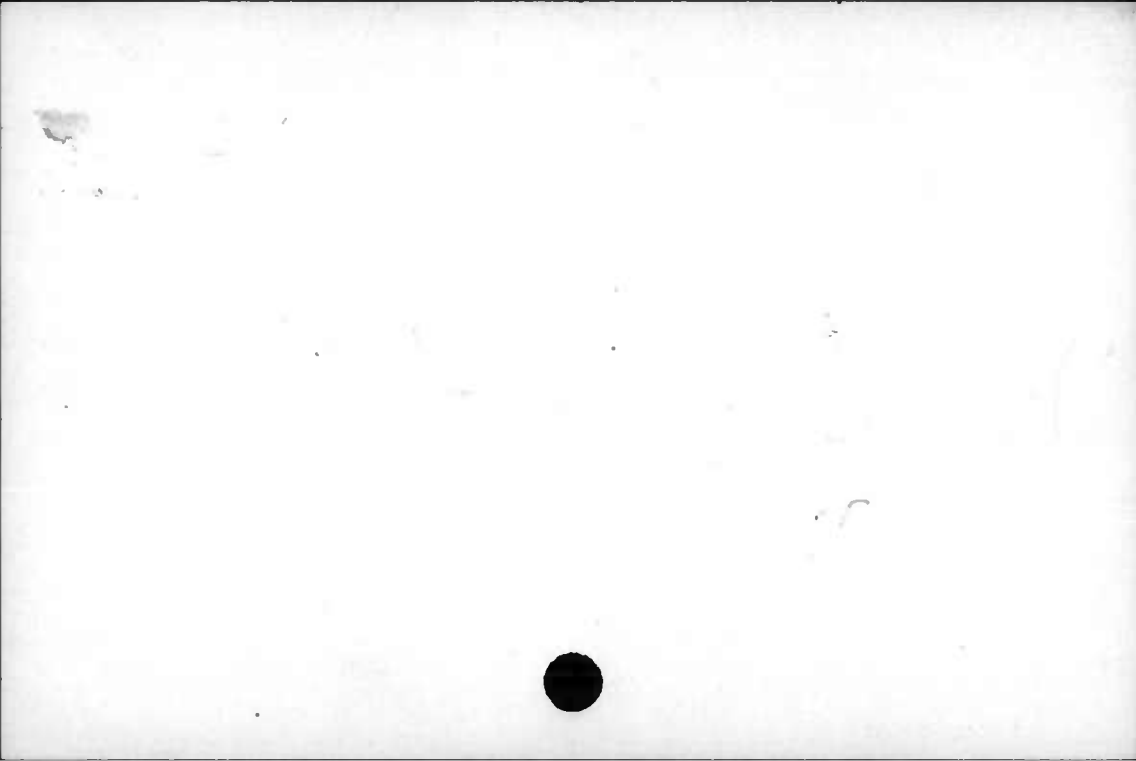
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Bridgeport</i>		Town <i>Frederick</i>		County <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>6</i>	Age <i>50</i>	Years <i>4</i>	Months <i>6</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>— — — — —</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Margaret Groff</i>			
Father's Name <i>Samuel Johnson</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Sarah Reifinder</i>		Mother's Birthplace <i>md</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

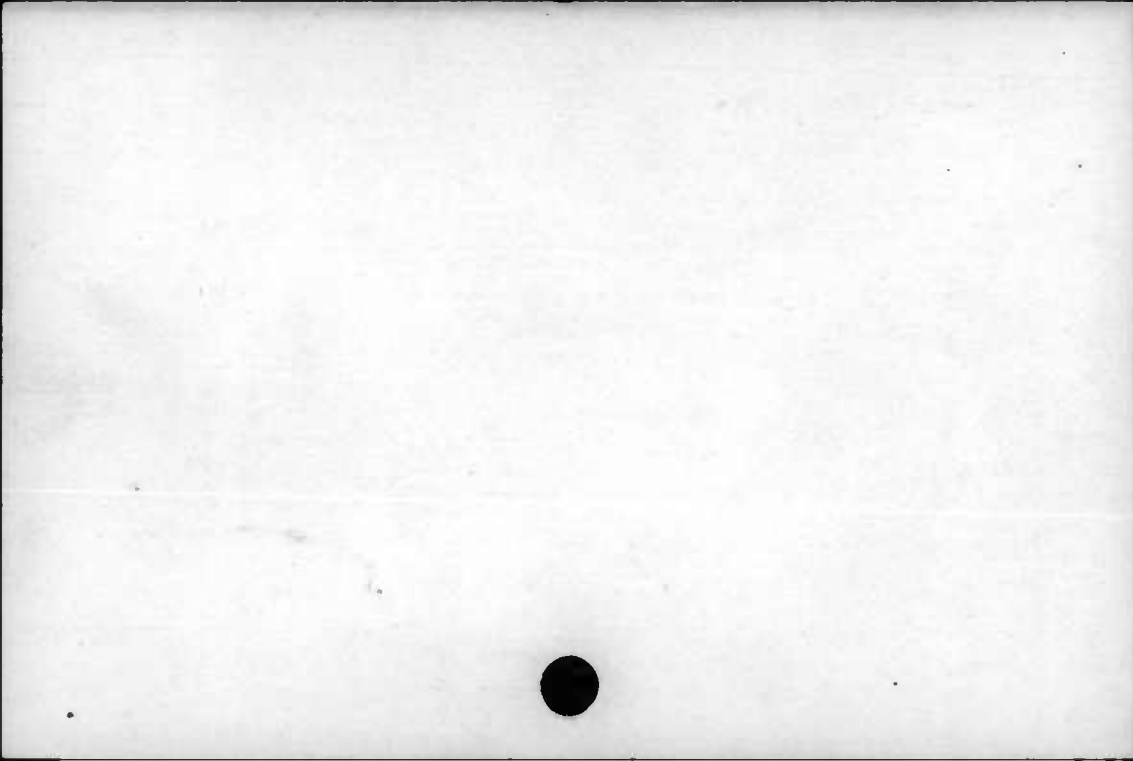
Primary	<i>Pulmonary Phthisis</i>	(27)	How long <i>six months</i>
Immediate	<i>Heart</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. E. Hoff</i>	
		Address <i>Winchester md</i>	
Accident or Suicide?			



Name in Full		Certificate of Death			
Anne M. Kahle		MARYLAND			
Died at <i>Middletown</i>		County <i>Fredricks</i>			
Date of death <i>1907</i>		Month <i>mch</i>		Day <i>22</i>	
Age <i>68</i>		Years <i>11</i>		Months <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Fredricks Co</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>T</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>S E Kahle</i>			
Father's Name <i>Adam Halbruner</i>		Father's Birthplace <i>Prerich Co</i>			
Mother's Maiden Name <i>Elena Maxmiller</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Chas Guder</i>		How related to deceased <i>(79)</i>			
CAUSES OF DEATH					
Primary <i>Organic heart disease</i>		How long <i>unknown</i>			
Immediate <i>Paralysis (apoplectic)</i>		How long <i>12 hrs</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. B. Oakley</i>			
		Address <i>Middletown Md</i>			
Accident or Suicide? <i>()</i>					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Elisabete Korrell

CERTIFICATE OF DEATH

Died at <i>High Knob</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i> <small>Year</small>	<i>March</i> <small>Month</small>	<i>8</i> <small>Day</small>	<i>76</i> <small>Age</small>	<i>10</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Germany</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>John Korrell</i>		
Father's Name	<i>Henry Schmidt</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Don't know</i>			Mother's Birthplace	<i>Don't know</i>
Name of person giving information	<i>Mother Korrell</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

Primary	<i>Apoplexy</i>	How long	<i>2 days</i>
Immediate	<i>Stroke</i>	How long	<i>During hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>S. J. Haffner, M.D.</i>
		Address	<i>Frederick, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jennie Hunt Lee</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Frederick</i>		Month <i>March</i>		Day <i>22</i>		Age <i>22</i>	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>22</i>		Years <i>22</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Va</i>		Months <i>22</i>	
Occupation <i>Female</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Auther Lee</i>					
Father's Name <i>Harry Hunt</i>		Father's Birthplace <i>Va.</i>					
Mother's Maiden Name <i>Hannah Briscoe</i>		Mother's Birthplace <i>Va.</i>					
Name of person giving information <i>Auther Lee</i>		How related to deceased <i>Va.</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Several years.</i>
Immediate	<i>Cardiac asthma</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. G. Bowne M.D.</i>	
		Address	
		<i>Frederick Md</i>	
Accident or Suicide?			

Interment Mar 24 - 07

" at Greenmount

Thomas P. Rice

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Maria Hill Loys
Frederick, Frederick County
1907 March 10

Age

Years

83

Months

10

Days

11

MARYLAND

Sex

Female

Color or
Race

White

Birth-
place

Martinsburg, W. Va.

Occupation

None

Where Residing if not
at place of death

at Race Point

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Ezra H. Loys

Father's
Name

Samuel Hill

Father's
Birthplace

Martinsburg, W. Va.

Mother's
Maiden Name

Maria Whistler

Mother's
Birthplace

Martinsburg, W. Va.

Name of person giving
in formation

J. H. Loys

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paralysis

(66)

How long

Several hours

Immediate

Asthma

How long

Several hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

S. H. Apper, M.D.
Frederick, Md.

Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name in Full		Certificate of Death			
Alexander John McKeena		Town		County	
Died at		Buckleytown		Md.	
Date of death 1907		Month	Day	Years	Months
10		Oct	31	65	27
Sex		Color or Race		Birth-place	
Male		White		Md.	
Married, Single or Widowed		Occupation			
Married		Retired Merchant			
Name of Wife or Husband					
Julia Stouffer					
Father's Name		Father's Birthplace			
Unknown		Unknown			
Mother's Maiden Name		Mother's Birthplace			
Unknown		Unknown			
Name of person giving information		How related to deceased			
A J McKeena Jr.		Son			
CAUSES OF DEATH					
Primary		How long			
Locomotor Ataxia		62		5 yrs.	
Immediate		How long			
Congestion of lungs		4 days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		J. Clyde Kneelin			
		Address			
		Buckleytown			
Accident or Suicide?					
—					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James A. McKenzie

Died at ^{Town} Rocky Springs ^{County} Frederick

MARYLAND

Date of death 1907 ^{Month} 3 ^{Day} 11 ^{Years} — ^{Months} 3 ^{Days} —

Sex Male Color or Race White Birth-place Fr. Co. Md.

Occupation — Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Wm. B. McKenzie Father's Birthplace Fr. Co. Md.

Mother's Maiden Name Alice E. Norris Mother's Birthplace Wash. Co. Md.

Name of person giving information James McKenzie How related to deceased Abnole

CAUSES OF DEATH

104

Primary Over feeding How long —
Immediate acute Indigestion How long 20 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Frank Hedges

Address

Frederick

Accident or Suicide? —

Dr Hedges
Mer Miller

Interment at St Johns
" Near 13 —

Thomas P. Rice

Name
In
Full

Kathleen Vera Moser

CERTIFICATE OF DEATH

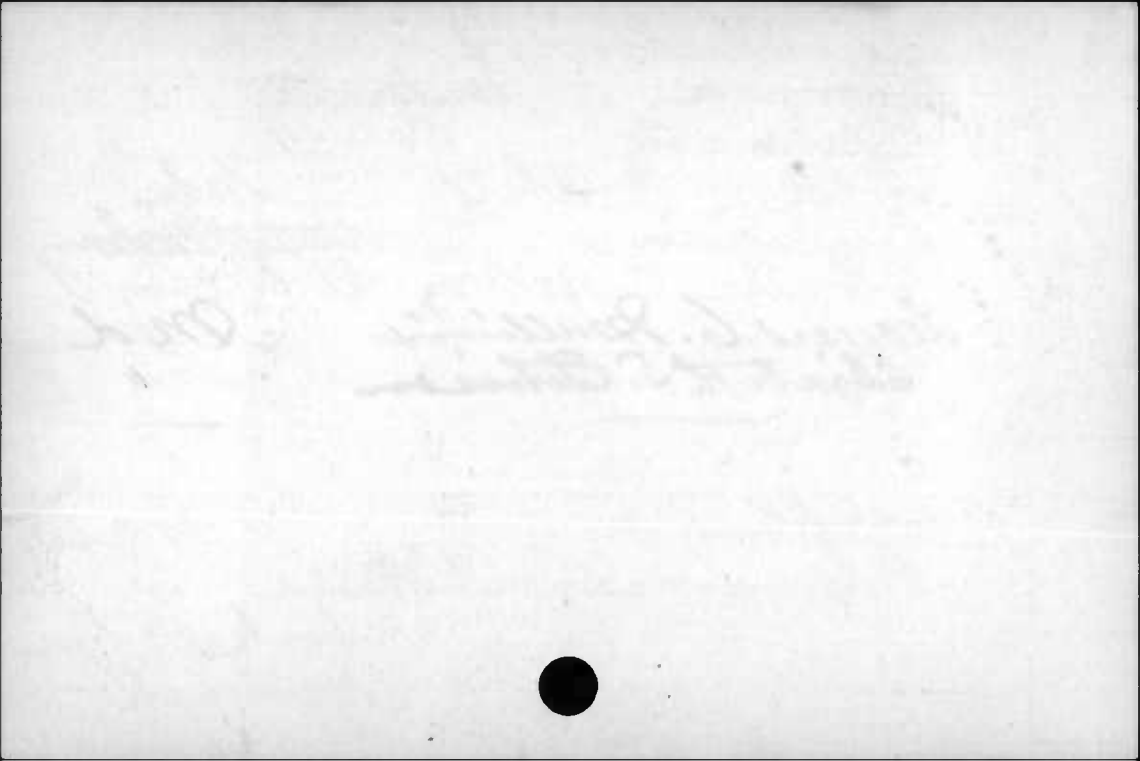
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pleasant-Water</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Mar</i>	Day	<i>6th</i>	Age	<i>4</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Fred Leo</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Harry Moser</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Myrtie Frye</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Harry Moser</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Scarlet Fever</i>	How long	<i>17 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. C. Wheeler M.D.</i>	
<i>yes</i>		Address <i>Boonsboro</i>	
Accident or Suicide?		<i>Washington Co.</i>	



Name
In
Full

Carroll's Murrie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>March</i> ^{Day} <i>6</i>	Age	<i>81</i> ^{Years}	<i>9</i> ^{Months}	<i>18</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Howard Co.</i>
Occupation	<i>Farmer</i>	Where Residing if not at place of death <i>Frederick</i>			
Married, single or widower <i>Widower</i>	Name of Wife or Husband <i>Dead - Annie R. Rusk</i>				
Father's Name	<i>Carroll's Murrie</i>	Father's Birthplace	<i>Howard Co</i>		
Mother's Maiden Name	<i>Jeffie Howard</i>	Mother's Birthplace	<i>Howard Co.</i>		
Name of person giving information	<i>Wm. Herbert</i>	How related to deceased	<i>Son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Failure</i>	How long	<i>1/2 one month</i>
Immediate "	<i>" "</i>	How long	<i>4 three days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Franklin Buckner Smith</i>	
		Address <i>Frederick, Md</i>	
Accident or Suicide? <i>X</i>			

Mt Olinet
J. Schmeder
8/1907

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Libertina</i>		County <i>Fredenich</i>		MARYLAND	
Date of death		1907	Month <i>Mar.</i>	Day <i>5th</i>	Age <i>56</i>	Years	Months <i>56</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Physician</i>		Where Residing if not at place of death <i>Mary D. O'Brien</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary D. O'Brien</i>					
Father's Name <i>Leonard C. Mullinix</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Elizabeth S. Etchison</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>_____</i>		How related to deceased <i>_____</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Influenza</i>	How long	<i>1 week</i>
Immediate	<i>Pneumonia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank Hedger</i>	
		Address <i>Fredenich</i>	
Accident or Suicide?			

Estlin

Mar 7/07

Name
in
Full

Leola May Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Yellow Springs* Town *Fredenick* County *MARYLAND*

Date of death *1907* Month *Mar.* Day *11th* Age *1* Years *9* Months *11* Days

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Infant* Where Residing if not at place of death *—*

Married, Single or Widowed *Infant* Name of Wife or Husband *—*

Father's Name *Vernon C Miles* Father's Birthplace *Md*

Mother's Maiden Name *Bertie Fox* Mother's Birthplace *Md*

Name of person giving information *Vernon C Miles* How related to deceased *Father*

CAUSES OF DEATH

(92)

PHYSICIAN
OR CORONER

Primary

Broncho Pneumonia

How long

4 weeks

Immediate

Convulsions

How long

24 hours

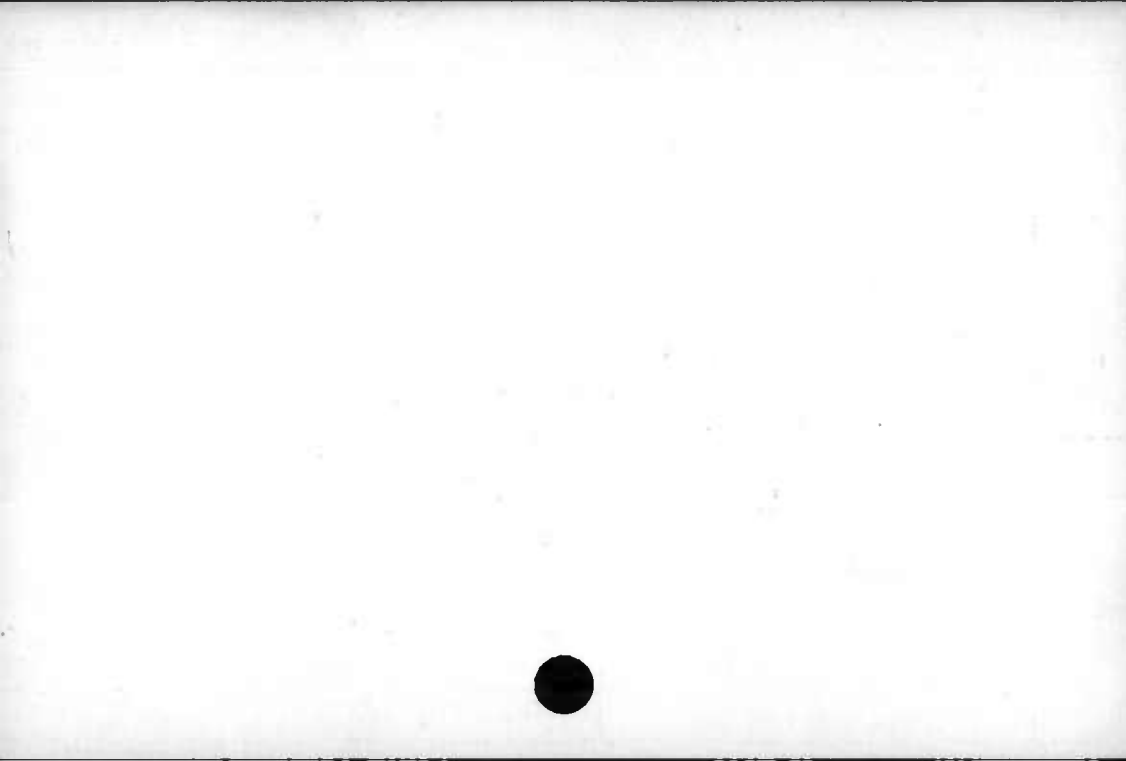
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

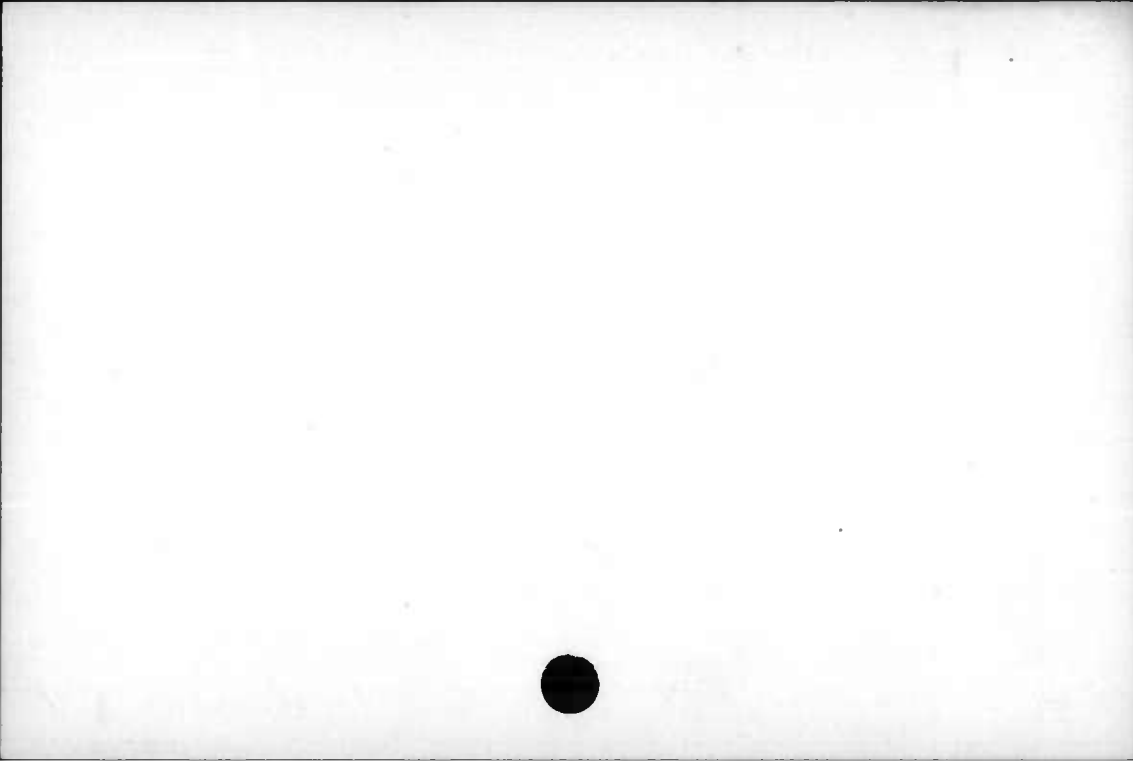
Address

Frank Hedger
Fredenick

Accident or Suicide?



Name in Full		Elizabeth A Phebus				No. 6, CERTIFICATE OF DEATH		
RECORDED BY TO BE ANSWERED BY NEAREST FRIEND		Died at		Town New Market		County, Frederick		
		Date of death		1907	Month 3	Day 10	Age 75	Years 10
		Sex		Female		Color or Race White		Birth-place Frederick, Md
		Occupation		Had none		Where Residing if not at place of death		
		Single or Widow		Name of Wife or Husband				
PHYSICIAN OR CORONER		Father's Name Peter Phebus				Father's Birthplace Frederick		
		Mother's Maiden Name Elizabeth Garner				Mother's Birthplace Virginia		
		Name of person giving information Emmeline Phebus				How related to deceased Sister-in-Law		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Arterio-Sclerosis				How long 81		
		Immediate Dropsey				How long for years		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician H. H. Hopkins M. D.		
		Accident or Suicide?				Address New Market, Md		



Name
in
Full

New Born Infant of John Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i>		Town <i>Fredericks</i>		County		MARYLAND	
Date of death	1907	Month	3	Day	9	Age	Years — Months — Days 1 Hr
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>City</i>
Occupation	—			Where Residing if not at place of death		<i>Home</i>	
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband —				
Father's Name	<i>John Poole</i>					Father's Birthplace	<i>F. Co Md</i>
Mother's Maiden Name	<i>Estella Dresselring</i>					Mother's Birthplace	" " "
Name of person giving information	<i>John Poole</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary	<i>Prematurity</i>		How long	<i>1 month</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>Frank Hedger</i>		
Address		<i>Fredericks</i>		
Accident or Suicide?		<i>—</i>		

Dr Hedges

Dr Thomas

Internment at Lewistown
S. La. Md

Thomas P. Rice

Name
in
Full

Harvey L. Ramsburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>3</i>	Day <i>7</i>	Age <i>—</i>	Months <i>10</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>F. Co Md</i>	
Occupation <i>—</i>		Where Residing, if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Clarence L. Ramsburg</i>		Father's Birthplace <i>F. Co Md</i>			
Mother's Maiden Name <i>Anna M. Simmons</i>		Mother's Birthplace <i>Frederick Md</i>			
Name of person giving information <i>Mr Ramsburg</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>8 weeks</i>
Immediate <i>Double Pneumonia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Stew</i>
	Address <i>Frank Hedger</i>
Accident or Suicide? <i>—</i>	

Internment at Mt Olive
" Near 8 - 07

Thomas P. Bice.

Name in Full Charles O Remsley		CERTIFICATE OF DEATH	
Died at Petersville <small>Town</small>		Fredrick <small>County</small>	
Date of death 1907 <small>Month</small> 3 <small>Day</small> 12		1 <small>Years</small> 4 <small>Months</small> 25 <small>Days</small>	
Sex Male		Color or Race White	
Occupation		Birthplace Harmony	
Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband	
Father's Name John W Remsley		Father's Birthplace Harmony	
Mother's Maiden Name Susan Fisher		Mother's Birthplace Fisher's Hollow	
Name of person giving information		How related to deceased	
<div>CAUSES OF DEATH</div> <div>92</div>			
Primary Bronch. Pneumonia		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Sam'l Cloyd	
		Address Petersville	
Accident or Suicide?			

Recorded
 TO BE ANSWERED BY
 NEAREST FRIEND

PHYSICIAN
 OR CORONER



Name
in
Full

Caroline Saylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

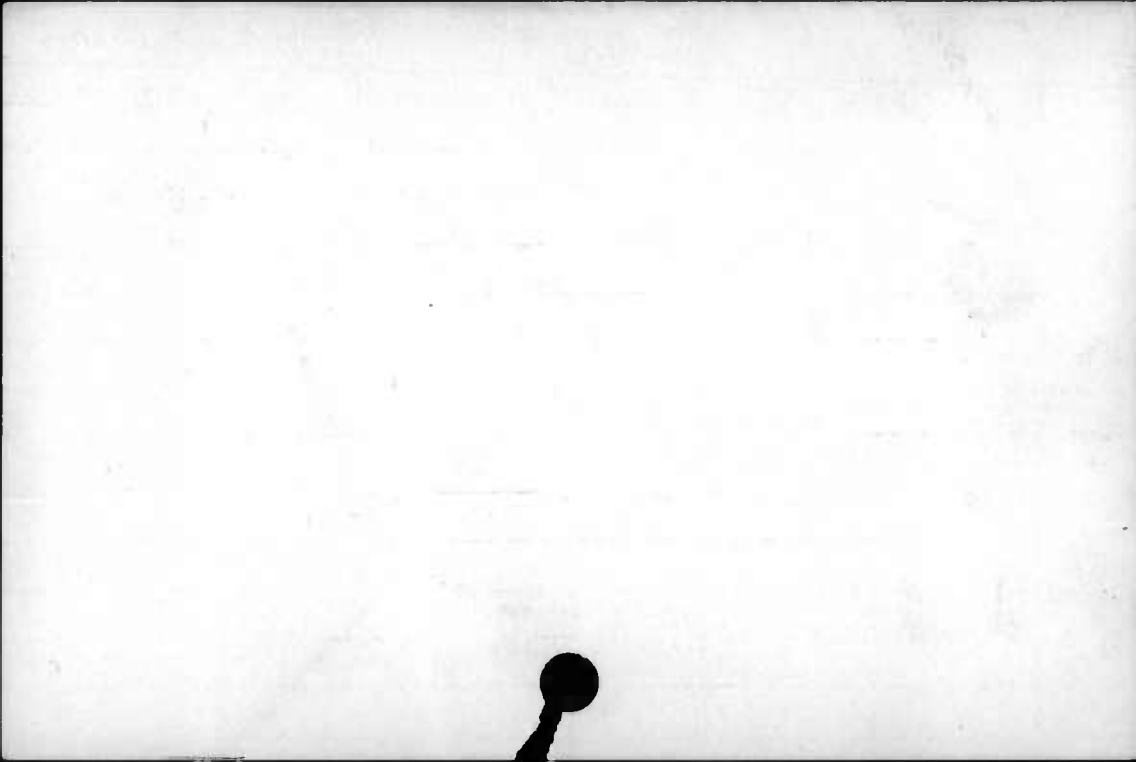
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	31	86	9	4	
Sex	Female		Color or Race	White		Birth-place	Woodsboro,
Occupation	Retired		Where Residing if not at place of death		At same place		
Married, Single or Widowed	Widow		Name of Wife or Husband		Ezra Saylor		
Father's Name	Daniel Bonub		Father's Birthplace		Pa		
Mother's Maiden Name	Lydia Hull		Mother's Birthplace		Pa		
Name of person giving information	M. B. Shattles		How related to deceased		Niece,		

CAUSES OF DEATH

(154)

PHYSICIAN
OR CORONER

Primary	86 years of life	How long	3 years
Immediate	Senile Debility	How long	3 years
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R. L. Hammond	
Address		Woodsboro	
Accident or Suicide?		Ind.	



Name
in
Full

Edith Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Net Pleasant</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>17</i>	Age <i>—</i>	Years <i>2</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Net Pleasant</i>		
Occupation <i>—</i>	<i>—</i>		Where Residing (if not at place of death) <i>Net Pleasant</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John H. Smith</i>	Father's Birthplace <i>Net Pleasant</i>				
Mother's Maiden Name <i>Elizabeth Johnson</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>John H. Smith</i>	How related to deceased <i>Parents</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	151	How long <i>5 weeks</i>
Immediate <i>Spasm</i>		How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. H. E. Stone</i>	Address <i>Net Pleasant</i>
Accident or Suicide? <i>—</i>	<i>Frederick Co</i>	

Mr. Pleasant
Rice

17

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charlottesville</i> ^{Town}		<i>Fredenck</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Mar.</i>	Day <i>8th</i>	Age <i>83</i>	Months <i>10</i> Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>H. Clerk</i>	Where residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Perry G. Smith</i>				
Father's Name <i>Jacob Gesey</i>	Father's Birthplace <i>F. Co Md</i>				
Mother's Maiden Name <i>Susanna Leatherman</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Chas. J. Smith</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>154</i>
Immediate <i>Bronchitis</i>	How long <i>1 Hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank Hedges</i>
	Address <i>Fredenck</i>
Accident or Suicide?	

Mr Miller

Interment at Charlesville

" Mar 12 -

Thomas P. Rice

Name in Full		William Henry Smith				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cedar Grove		County Frederick Co.			
		State		Maryland					
		Date of death 190	7	Month	March	Day	28	Age	77
		Sex	Male	Color or Race	White	Months	5	Days	20
		Birth-place	Fred. Co. Md.	Occupation	Miller				
RECEIVED		Married, Single or Widowed		Widower					
		Name of Wife or Husband		Eliza E. Smith					
		Father's Name		Charles Smith		Father's Birthplace		Don't know	
		Mother's Maiden Name		Catherine Elizabeth Klantz		Mother's Birthplace		Woodboro. Md.	
		Name of person giving information		Robert E. L. Smith		How related to deceased		Son	
R		CAUSES OF DEATH				(120)			
PHYSICIAN OR CORONER		Primary		Bright's disease		How long		About 1 yr.	
		Immediate		General debility		How long		Gradual decline	
		Are the name, age, sex, color, date and place correctly given above?		Yes to best of my knowledge		Signature of Physician		C. A. Steitz	
		Address		Woodboro Md.					
		Accident or Suicide?		No					



Name
in
Full

CERTIFICATE OF DEATH

Died at

Town
Fredericks

County

Fredts

MARYLAND

Date

of death *1907*

Month

3

Day

4

Age

Years

87

Months

—

Days

—

Sex

*Female*Color or
Race*Black*Birth-
place*Fredericks Md*

Occupation

*Maid*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Widow*Name of Wife or
Husband*Richard Snowden*Father's
Name*John Gray*Father's
Birthplace*Md*Mother's
Maiden Name*Annie Dempsie*Mother's
Birthplace*"*Name of person giving
In formation*Mrs Holland*How related
to deceased*Daughter*

CAUSES OF DEATH

Primary

*General Debility**179*

How long

2 Yrs.

Immediate

General Debility

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

W. J. Gendreau
303 S. 1st St.
Fredericks Md.

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at Greenmount
" Mar 6 -

Thomas P. Rice

Name in Full Belle Sowers		CERTIFICATE OF DEATH	
Died at Near Burkittsville <small>Town</small>		Frederick <small>County</small>	
Date of death 1907 <small>Month</small> March <small>Day</small> 11		Age 39 <small>Years</small>	
Sex Female		Color or Race White	
Occupation Housewife		Where Residing if not at place of death Near Burkittsville	
Married, Single or Widowed Married		Name of Wife or Husband Kendley Sowers	
Father's Name Samuel Mintzer		Father's Birthplace Md	
Mother's Maiden Name Millie McWhirter		Mother's Birthplace Md	
Name of person giving information Trindley Sowers		How related to deceased Husband	
CAUSES OF DEATH			
Primary Tuberculosis		How long 18 mo	
Immediate Exhaustion		How long _____	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Isaiah J. Miller	
		Address Burkittsville Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Wm Stockman</i>		Town <i>Jefferson</i>		County <i>Fredr</i>		MARYLAND	
Died at <i>Jefferson</i>		Month <i>3</i>		Day <i>2</i>		Years <i>49</i>	
Date of death <i>1907</i>		Month <i>3</i>		Day <i>2</i>		Age <i>49</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>F. Co. Md</i>		Months <i>10</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Same</i>		Days <i>22</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Phoebe Ann Measell</i>		Father's Name <i>Lewis Stockman</i>		Father's Birthplace <i>F. Co Md</i>	
Mother's Maiden Name <i>Susan Fulmer</i>		How related to deceased <i>Widow</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Mrs. Stockman</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Anterior Sclerosis</i>	How long <i>Don't know</i>
Immediate	<i>Paralytic</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. M. Goodman M.D.</i>
		Address <i>Jefferson Md.</i>
Accident or Suicide? <i>—</i>		

~~Mr. Miller~~

Mr Miller

Burial at Mt Olivet
" March 4 -

Name
in
Full

Mary Ellen Strine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death		Month <i>March</i>		Day <i>23</i>		Age Years <i>3</i> Months <i>21</i> Days <i>21</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Frederick Md</i>			
Occupation				Where Residing if not at place of death <i>Frederick Md</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Strine</i>		Father's Birthplace <i>Waldersville</i>					
Mother's Maiden Name <i>Elsie Dinterman</i>		Mother's Birthplace <i>Woodstock</i>					
Name of person giving In formation <i>Melliane Strine</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pertussis, Pneumonia</i>	How long <i>10 Days</i>
Immediate	<i>Convulsions</i>	How long <i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank Hedger M.D.</i>
		Address <i>Frederick</i>
Accident or Suicide?		

W. Bodahn

Nov 26/07

L. Schroeder

Name
in
Full

Ezra Swope

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

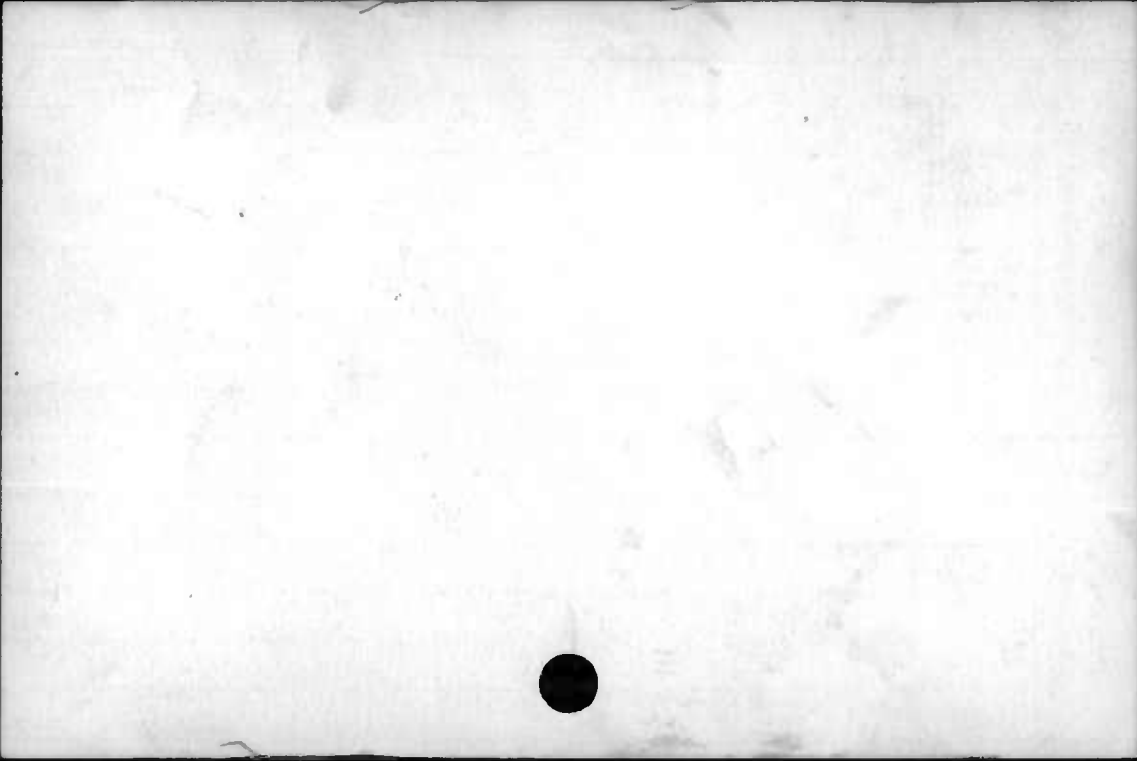
Died at Bolivar ^{Town}		Frederick ^{County}		MARYLAND	
Date of death	1907	Month	March	Day	9
Age	74	Years	2	Months	18
Sex	Male	Color or Race	White	Birth-place	Bolivar
Occupation	Carpenter		Where Residing if not at place of death		
Maid Single or Widow	Name of Wife or Husband				
Father's Name	Ezra Swope		Father's Birthplace	Bolivar Ind	
Mother's Maiden Name	Susan Swope		Mother's Birthplace	Bolivar Ind	
Name of person giving information	C. M. Kauffman		How related to deceased	Nephew	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dropsy	How long	One year
Immediate	Kauffman	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Hubert Wade, M.D.
		Address	Boonsboro. Ind.
Accident or Suicide?	No.		

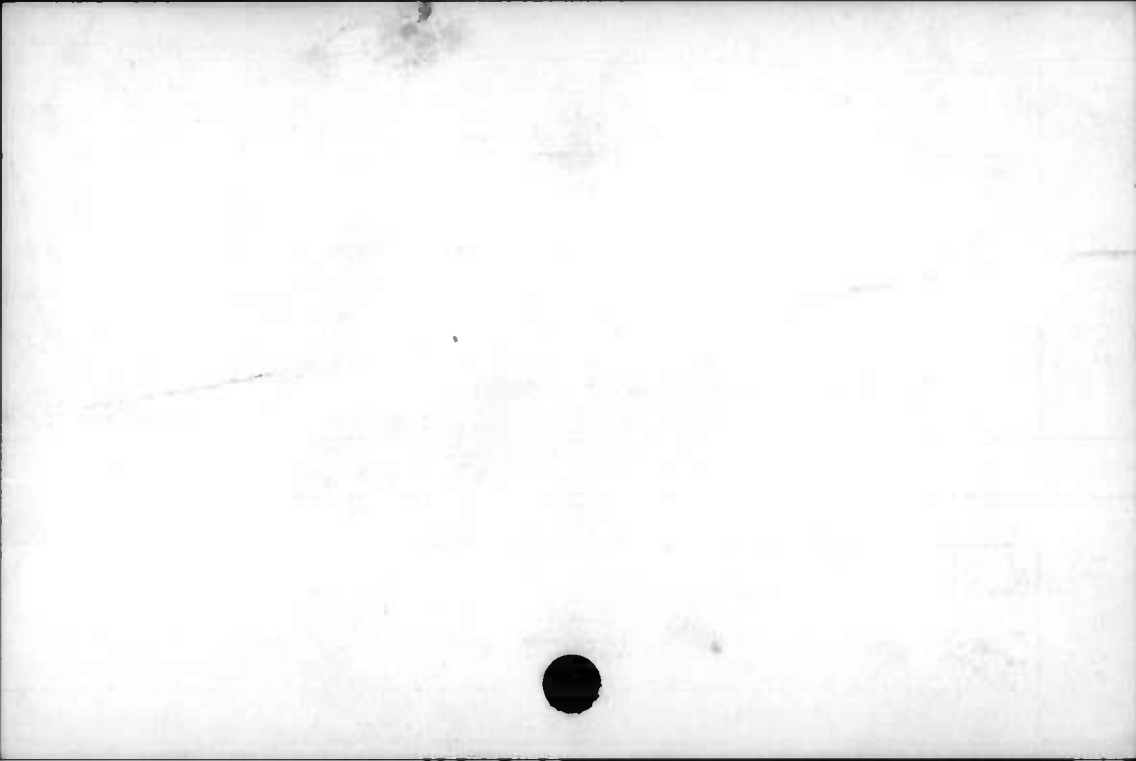
177



Name in Full Child of Mr & Mrs Ernest Thomas		CERTIFICATE OF DEATH	
Died at Mountain <small>Town</small>		Fred-R <small>County</small>	
Date of death 1907 <small>Month</small> Mar <small>Day</small> 19		Age 19 <small>Years</small> 16 <small>Months</small> 16 <small>Days</small>	
Sex Female	Color or Race White	Birth-place Md.	
Occupation _____		Where Residing if not at place of death _____	
Married, Single or Widowed _____		Name of Wife or Husband _____	
Father's Name Ernest Thomas		Father's Birthplace Md	
Mother's Maiden Name Elizabeth Price		Mother's Birthplace Md	
Name of person giving information Thomas Gentry		How related to deceased _____	
CAUSES OF DEATH			
Primary		How long 151	
Immediate Premature birth		How long _____	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. D. Nightman	
		Address 2 units	
Accident or Suicide?		md.	

Recorded Now
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Harrison Key Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>March</u>	Day <u>15</u>	Years <u>0</u>	Months <u>9</u> Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Frederick</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Harrison Thomas</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Sarah Harris</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Sarah Harris</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

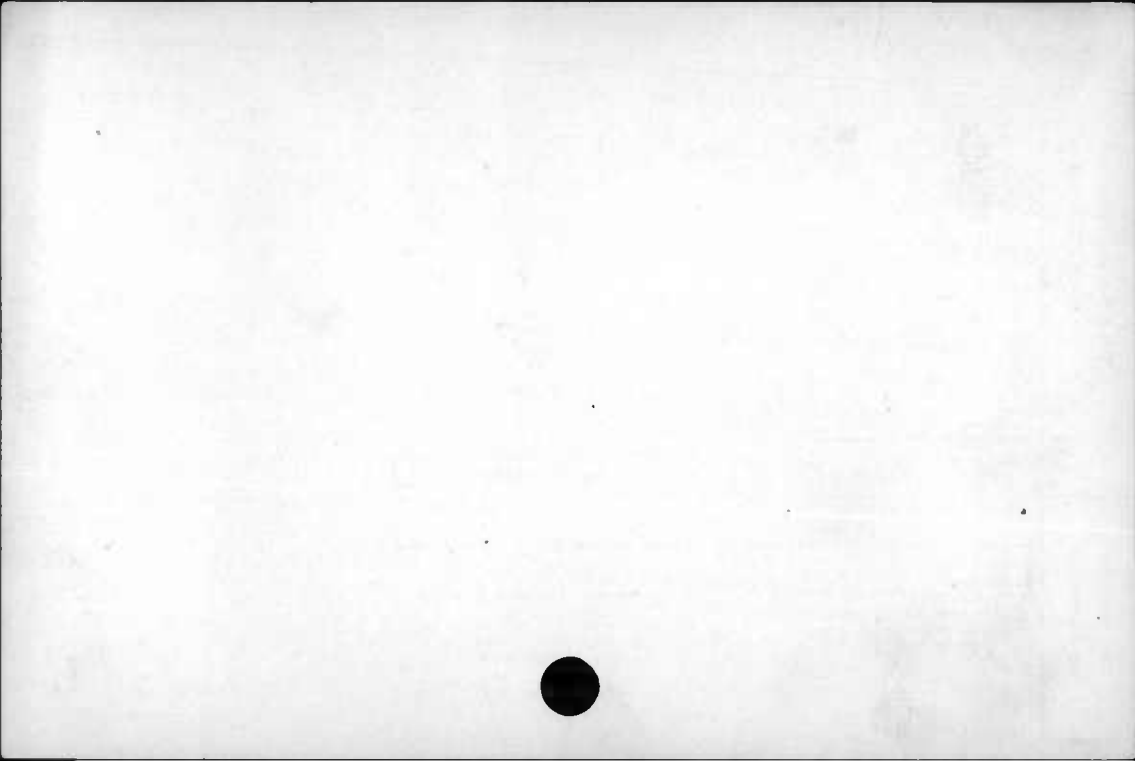
28

PHYSICIAN
OR CORONER

Primary	<u>Tubercular Meningitis</u>		How long	<u>Several weeks or more</u>
Immediate	<u>Convulsion</u>		How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>D. H. G. Brune</u>		
		Address <u>Frederick Md.</u>		
Accident or Suicide? <u>—</u>				

Green Mt. Mass 16th

Name in Full		Town		County		CERTIFICATE OF DEATH	
Denton Twigg		Brunswick		Frederick		MARYLAND	
Died at		Date of death		Age		Months Days	
1907		Month		Day		Years	
1907		Nov		19		00	
Sex		Color or Race		Birth-place			
Male		White		Mt.			
Occupation		Where Residing if not at place of death					
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Married		O Lora Twigg					
Father's Name		Father's Birthplace					
Harrison Twigg		Mt.					
Mother's Maiden Name		Mother's Birthplace					
Jane Twigg		Ma					
Name of person giving information		How related to deceased					
Jane Twigg		Wife					
CAUSES OF DEATH							
Primary		How long					
Drown		172					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		Lerni West					
		Address					
		Brunswick					
		Frederick Co					
Accident or Suicide?							
Accident							



Name
in
Full

CERTIFICATE OF DEATH

Elsie May Wilkinson

Town

County

MARYLAND

Died at

Burkittsville

Frederick

Date

Month

Day

Years

Months

Days

of death

1907

mar

26

Age

1

11

19

Sex

Female

Color or
Race

Colored

Birth
place

Burkittsville Md

Occupation

Child of

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Jean Wilkison

Father's
Birthplace

Md

Mother's
Maiden Name

Fanny Cahn

Mother's
Birthplace

Md

Name of person giving
In formation

Jean Wilkison

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Pneumonia

How long

One wk

Immediate

Dyspnea

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Indefinite

Address

Burkittsville Md

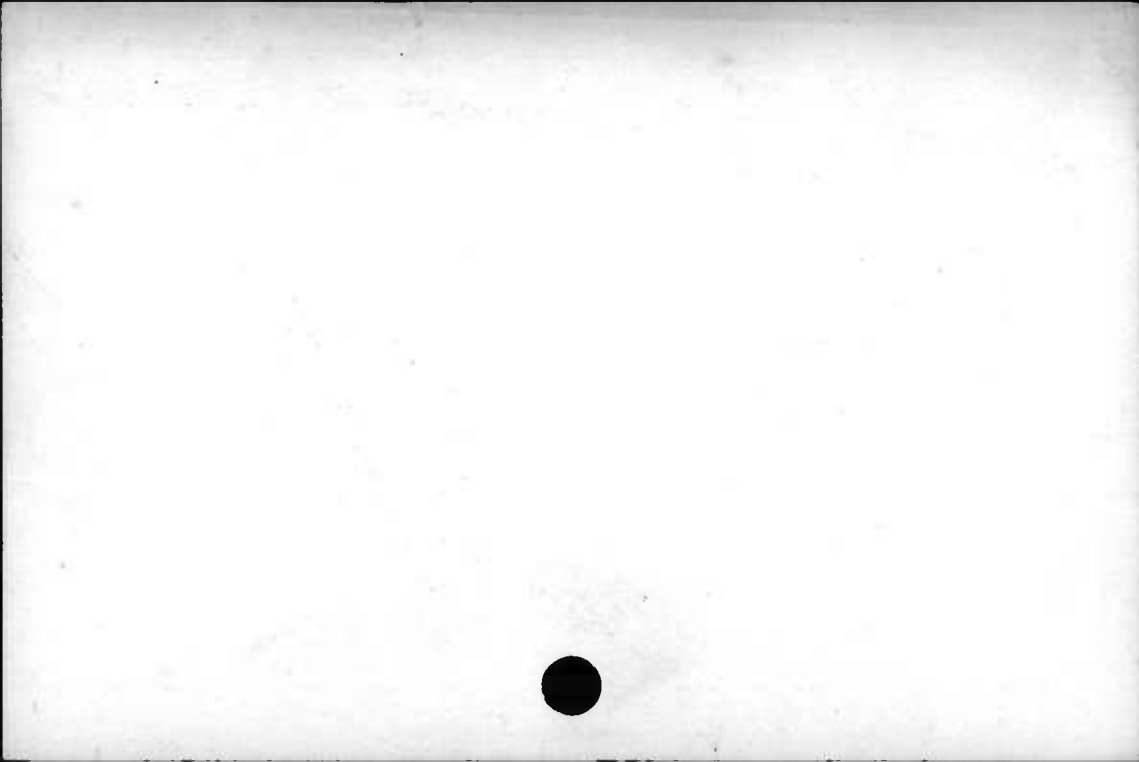
Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Recorded

(93)



Name
in
Full

Cora Wragton

CERTIFICATE OF DEATH

Town

County

Died at

Linn Kent

Greeth

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

3

19

Age

1

1

5

Sex

Female

Color or
Race

Black

Birth-
place

Ft Co Md

Occupation

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles Wragton

Father's
Birthplace

Va

Mother's
Maiden Name

Belle Johnson

Mother's
Birthplace

Ft Co Md

Name of person giving
In formation

William Johnson

How related
to deceased

Uncle

CAUSES OF DEATH

119

Primary

Acute Nephritis

How long

About 2 weeks

Immediate

Uremia

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

D. W. Bourne,

Address

Frederick, Md

Accident or Suicide?

Neither

To BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment at Hope Hill
" Mar - 19 - 07

Thomas P. Rice